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ABSTRACT

The result of a project to develop short courses to help health care administrators and supervisors in developing practical, up-to-date management skills, this instructional workbook provides information and exercises applicable to on-the-job situations. Unit I covers the following leadership considerations: self-awareness, time management, problem solving, accounting principles, and grantsmanship. Next, Unit II focuses on communications, peer relationships, medical terminology, conducting a meeting, and public relations. After Unit III considers personnel considerations of recruitment, labor laws, job descriptions, motivation, and evaluation, Unit IV stresses the skills related to delegation of responsibility, personnel and conflict management, stress management, and accident prevention. Finally, Unit V investigates management theories and functions, objectives and planning, program evaluation, change strategies, major challenges facing health care administrators in the 1980s, and computers and other technological advances. Each unit includes: (1) a statement of overall unit objectives; (2) specific objectives for each topic; (3) suggested instructor and participant activities; (4) a list of the instructional materials included; (5) a list of references; (6) information sheets which define terms, present topics, and recommend activities and strategies for implementation in class and on the job; (7) transparency masters; (8) assignment sheets; and (9) a review test. (AYC)

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Project TEAMS

Techniques and Education for Achieving Management Skills

Health Care Administrators

Unit I - Leadership Symptoms
Unit II - Communicable Disease
Unit III - Diagnosis
Unit IV - Cultures and Subcultures
Unit V - Rx for the 80's

ED210049

March, 1980

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JC 800 458

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Project TEAMS

Professional growth is part of the challenge -- and the satisfaction -- of being a manager or supervisor. Practical experience and traditional education both can plan important roles in developing management skills. Project TEAMS (Techniques and Education for Achieving Management Skills) combines the best elements of both by relating theory directly to practice.

Platte Technical College developed Project TEAMS to meet a growing need for continuing education by managers and supervisors. Because the project's goal is to develop practical, up-to-date management skills in a relatively short time, we asked managers and supervisors to identify the topics which should be covered.

Advisory committees were formed representing each of four management sectors: business and industry, health care administration, private business (owner-managers), and public administration (city, county, education, non-profit organizations). Committee members represented the following Nebraska communities: Albion, Clarkson, Columbus, David City, Fullerton, Grand Island, Humphrey, Lindsay, Monroe, Norfolk, Osceola, Rising City, and Schuyler. Each committee identified and ranked, according to priority, the 25 managerial tasks most important in their profession. A separate course was developed for each of the four sectors after analysis of the identified tasks. Each course entails about 20 classroom hours of instruction. A fifth course, entailing 12 hours of instruction, was developed covering topics identified as important to all four areas of management.

These courses can be offered to either groups or individuals on-campus or in off-campus sites. Students can concentrate on those skills most important to them, and assignments generally can be applied to on-the-job situations.

Project Funding

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Project TEAMS Courses

Business and Industrial Supervisors Course

Health Care Administrators Course

Independent Business Owner-Managers Course

Public Administrators Course

General Course: Achievement Management Skills

HEALTH CARE ADMINISTRATORS
LEADERSHIP SYMPTOMS
UNIT I

UNIT OBJECTIVES

This unit will give the health care administrator an opportunity to increase management skills in regard to self-awareness, time management, problem solving and decision making, accounting and budgeting, and grantsmanship. In studying the five topics, specific techniques for each will be presented as well as opportunities to participate in actual practice activities.

SPECIFIC OBJECTIVES

Upon completion of this unit, the participant should be able to:

1. Match the following terms and their definitions: accounting, assertiveness, balance sheet, budget, current assets, current liabilities, decision making, funds flow statement, grantsmanship, income statement, leadership, problem solving, time management.
2. List at least eight signs of a healthy self-image.
3. Discuss the five basic skills involved in assertion on the job.
4. List ten common time wasters and the four questions with which to analyze those time wasters.
5. Discuss four techniques for using time more effectively.
6. Demonstrate the ability to use problem-solving and decision-making processes in sovling a given problem situation.
7. Discuss the four aspects of understanding budgeting and financial statements.
8. Discuss sources of alternate funding and the grantsmanship required to secure those funds.

HEALTH CARE ADMINISTRATORS
LEADERSHIP SYMPTOMS
UNIT I

SUGGESTED ACTIVITIES

I. Instructor:

A. Provide participants with objective sheet.
B. Provide participants with information and assignment sheets.
C. Discuss objectives.
D. Discuss information and assignment sheets.
E. Discuss review sheets.

II. Participants:

A. Read objectives.
B. Study information sheets.
C. Complete assignment sheets.
D. Check that objectives can be achieved.
E. Complete and check review sheets.

INSTRUCTIONAL MATERIALS

I. Included in this unit:

A. Objectives
B. Information sheets
C. Transparency masters

  1. Self-awareness cartoon
  2. Time log management
  3. Problem solving and decision making
  4. Budget sample
  5. Encumbrance control record
  6. Balance sheet
  7. Funds flow statement
  8. Income statement

D. Assignment sheets

  1. Self-awareness of values
  2. Daily time log
  3. Time management case study
  4. Problem solving practices
  5. Grantsmanship practice

E. Review sheets

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REFERENCE CODE:

A--self-awareness
B--time management
C--problem solving
D--accounting/budgeting
E--grantsmanship

HEALTH CARE ADMINISTRATORS
LEADERSHIP SYMPTOMS
UNIT I

INFORMATION SHEET

I. Terms and definitions:

A. Accounting--A system for collecting, summarizing, analyzing, and reporting, in monetary terms, information about an organization.
B. Assertiveness--The act of stating definitely or putting forward positively.
C. Balance sheet--A statement showing how a business is doing as of a particular date; it gives a history of what is owned by the organization (assets) and what portion of those assets are owed to others (liabilities).
D. Budget--A plan expressed in quantitative (normally financial) terms.
E. Current assets--Those assets normally converted into cash within a year or a single operating cycle.
F. Current liabilities--Those debts that are payable within a year.
G. Decision making--The selection of one course of action from two or more alternate courses of action.
H. Funds flow statement--A report describing sources from which additional funds were derived and the uses to which these funds were put.
I. Grantsmanship--The art of winning funding for special projects through submission of a grant proposal to the appropriate funding agency.
J. Income statement--A report matching the amount of money earned from the the sale of goods or from services performed (or appropriated by a legislative agency), against the expense incurred for a specific period of time; if revenues are greater than expenses a profit is made; if expenses are greater than revenues, a loss is incurred.
K. Leadership--The process by which one person, the leader influences others to work together toward attainment of a desired goal.
L. Problem solving--A process undertaken by an individual in order to resolve tensions created by a situation that thwarts the course of activity.
M. Time management--The effective utilization of the resource called "time" so that managerial productivity is enhanced.

II. Since health care is often called "human services," it seems important that the professional in this area first possess self-awareness if s/he is to be of service to other humans. Some signs of a healthy, positive self-image include:

A. Has certain values and principles s/he believes in strongly and is willing to defend them even in the face of strong group opinion; however, feels personally secure enough to modify them if new experience and evidence suggest s/he is in error.
B. Is capable of acting on own best judgment without feeling excessively guilty or regretting actions if others disapprove of what s/he's done.
C. Does not spend undue time worrying about what is coming tomorrow, or being upset by today's experience, or fussing over yesterday's mistakes.
D. Retains confidence in his/her ability to deal with problems, even in the face of failures and setbacks.
E. Feels equal to others as a person--not superior or inferior--irrespective of the differences in specific abilities, family backgrounds, or attitudes of others toward him/her.

F. Is able to take it more or less for granted that s/he is a person of value and interest to others--at least to those with whom s/he chooses to associate; s/he is not paralyzed by self-consciousness when in the company of other people.

G. Can accept praise without the pretense of false modesty and compliments without feeling guilty.

H. Is inclined to resist the efforts of others to dominate him/her, especially those who are peers.

I. Is able to accept the idea (and admit to others) that s/he is capable of feeling a wide range of impulses and desires, but does not act on all his/her feelings and desires.

J. Is able to genuinely enjoy him/herself in a wide variety of activities involving work, play, creative self-expression, companionship, or just plain loafing.

K. Is sensitive to the needs of others, to accepted social customs, and particularly to the idea that s/he cannot "self-actualize" him/herself at the expense of others. (transparency)

III. The successful manager must also be assertive. Assertion on the job involves five basic skills:

A. An active orientation. You must think through your work goals, the steps you must take to achieve them, and how, in doing this, you can utilize your talents to the fullest possible extent.

B. Ability to do the job. Learn subsidiary skills and techniques that will improve your morale and the quality of your work. Optimize your working environment and use self control on bad habits that interfere with work--like lateness, procrastination, and lack of concentration.

C. Control of your anxieties and fears. Learn to relax. General tensions can produce fatigue, irritability, and poor judgment. Fear of a specific work situation may lead to avoidance of the very task needed to get your job done--and may keep you from achieving your work goal.

D. Good interpersonal relations on the job. A major share of your success or failure on the job, as well as your own satisfaction, depends on relations with others. You must be able to relate effectively to peers, subordinates, and superiors. Some guidelines include:

1. Make it easy for people to do what you want them to do. Give reasons for requests, have background support data available.
2. Speak up. As a superior, you must give feedback. As a peer or a subordinate, you must stand up for yourself when others deliberately or inadvertently do things that affect you, your work, or your company standing.
3. Define your problem behaviors in job interpersonal relations and deliberately work to change them. Practice making requests, asking favors, saying no when necessary, handling put-downs, etc.

E. The art of negotiating the system. This requires a knowledge of the job society and the specific skills that will enable you to work within, through, or against it to achieve your particular goals. All positions involve policies, attitudes, and prejudices; sometimes the system can be changed and sometimes you simply must have the courage to quit and go elsewhere. The central issue remains: "What are my goals, and how can I achieve them?"

IV. A lack of sufficient time is a frequent managerial complaint. However, everyone has the same amount of time in a day, and the problem is actually one of using it most efficiently. Managers need to deal with time wasters:

A. Identify your time wasters. Management studies have found these 15 most common time wasters.

1. Telephone interruptions.
2. Drop-in visitors.
3. Meetings.
4. Crisis management.
5. Lack objectives, priorities, daily plan.
6. Cluttered desk/personal disorganization.
7. Ineffective delegation.
8. Attempting too much at once.
9. Lack of/unclear communication.
10. Inadequate, inaccurate, delayed information.
11. Indecision and procrastination.
12. Confused responsibility and authority.
13. Inability to say "no".
14. Leaving tasks unfinished.
15. Lack of self-discipline.

A. Analyze your time wasters:

1. Which are caused primarily by you?

2. Which are caused primarily by other people?

3. Of those caused by others, which could you control or eliminate?

4. Remember, the basis for time management is self-discipline.

V. Some techniques for using time more effectively include:

A. Block interruptions:

1. Close the open door. Set aside some time every day to work without interruption. If necessary, have a secretary screen visitors and set up appointments at a more convenient hour, or come to the office an hour or two early.

2. Control telephone calls. A secretary should handle them whenever possible. Group your outgoing calls and make them at one time during the day. Keep calls concise.

3. Organize paperwork. Decide what actually needs to be read and what can be ignored. Keep only current paperwork on your desk to avoid distraction from other materials.

4. Control meetings. If you call them, be sure they are necessary in the first place. Then start the meeting on time, follow a time-limited agenda, summarize important points of the meeting before adjourning, and end on time.

B. Set priorities.

1. Know and use the Pareto principle: 20% of the things you do ("the vital few") result in 80% of your total significant output; the other 80% of the items on your list are "the trivial many" and will result in only 20% of your total output. Put your best efforts into the "vital few"; don't spend undue time and energy on the "trivial many."

2. Arrange priorities on the basis of answers to questions such as:

   a. What will contribute the most to management objectives and departmental goals?

   b. What will be best for employee morale and productivity?

C. Use priorities.

1. Make a realistic estimate of how much time each job will take and follow through systematically to make sure tasks are accomplished.

2. Be flexible. Priorities may change suddenly due to new problems arising or solution of one problem leading to expansion or deletion of another one.

3. Be decisive. Don't avoid a priority because of fear. If something has been on your list for a long time, either do it or forget it.

4. Delegate. The proper use of staff is one of the best ways a manager can save time.

D. Use a time log. (transparency)

1. List daily goals and set deadlines for reaching those goals. Write goals in terms of results; e.g., "persuade L. A. to try behavior mod program for 6 months" instead of "meet with L. A." Remember, goals must be:

   1. Measurable--You will know when you have achieved it.

   2. Achievable--You can do it.

   3. Demanding--You will feel a sense of accomplishment when you have done it.

   4. Flexible--You can change it if necessary.

2. Record activities in detail, at 15-minute intervals throughout the day. Do this immediately after the activity, not at the end of the day, since the purpose is to identify interruptions; e.g., 10:00 - telephone call to J. R. re staff meeting; 10:15 - began working on quarterly report; 10:30 - B. R. stopped by and invited me to go on coffee break.

3. Assign a priority ranking to each action.

4. Comment on each action. How was the item handled? How might it be handled more effectively next time?

5. Analyze your use of time:

   a. To what extent did you achieve each objective? If you did not achieve it, what was the reason?

   b. Which part of your day was most productive? How can you plan to take even greater advantage of that time?

   c. Which were your most frequent or most serious interruptors? How can these be changed?

6. Set goals for the next day, based on analysis of this day's productivity and interruptions.

VI. Leaders solve problems and make decisions using a process of: (transparency)

A. Identifying the tension:

1. Think about the concerns you have, the situation that needs change. For example:

   I have a mid-management position at a local industry and work approximately 48 hours per week, plus approximately two evening meetings per week and two out-of-town trips of 2-3 days length per month. I have just been notified that I have won a mobile van-type vehicle for making and vending ice cream. I will have to forfeit the prize if I don't take possession within four weeks and sign an agreement to operate the vehicle at least 35 hours per week. What should I do?

2. List the facts about that situation. Be specific about the who, why, what, how, when, and where involved. Be sure these are facts, not opinions. For example:

   who--I have won a vehicle for making ice cream.
   I already have a job.
   what--My job requires considerable time.
   I could supplement my income with this vehicle.
   when--The vehicle must be claimed within four weeks.
   I must agree to operate it at least 35 hours per week.

B. Finding the problem:

1. State the problem in a single, clear, concise statement which begins with the words, "In what ways might I. . .". For example:

   In what ways might I keep my job and also have time to operate the ice cream vehicle?

2. Restate the problem two or three times until you are satisfied that the problem statement is one that accurately identifies the problem. For example:

   In what ways might I get the most benefit from the vehicle? In what ways might I make the vehicle a financial asset?

C. Finding ideas:

1. List as many ideas as you can think of that might solve the problem. For example:

   lease the vehicle to someone else
   cut down work hours and run van on nights and weekends
   have wife and children run vehicle

2. Stretch your imagination; try to break your habitual thought patterns. Remember that in the idea finding stage you want to produce as many ideas as you can, without judging as to their practicality. For example:

   sell the ice cream at the plant during lunch hours and breaks
   take call-in orders at home and office
   lease to high school as Junior Achievement project
   run van full-time and investigate ice cream management opportunities

D. Finding solutions:

1. Look all your ideas over, weighing each as to how well it might solve your problem.
2. To evaluate each solution, use criteria such as:
   - a. Cost
   - b. Time involved
   - c. Effect on quality
   - d. Effect on utilization of manpower
   - e. Effect on safety
   - f. Effect on materials use
   - g. Other considerations specific to the situation

   For example:

   cost--leasing van will result in less profit
   running van full-time will mean loss of salary at plant
   operating van self or with family will make most profit

time—can operate van more than 35 hours per week if lease
selling at plant during lunch and breaks will not make the 35 hours required; also will distract from my own work time

quality—the quality of my work at the plant will probably suffer if I try to cut down on work hours or sell at the plant or take call-in orders at the office

manpower--my wife already has a job also and my children are too young to run the van on their own
leasing to Junior Achievement would mean a large number of different operators of the vehicle

3. Choose the idea you will use, based on the criteria evaluation.

I will lease the van to someone else.

E. Implementing the chosen solution:

1. Devise a plan of action and put it into an outline. For example:

First, I will take possession of vehicle and sign the 35-hour-per-week agreement. Then, I will advertise for someone to operate the vehicle on a leasing basis. Next, I will have a lawyer draw up the leasing agreement.

2. Ask yourself who might be involved or help you; what they will do; when and where this will be done; how it will be done; and what the results will be. Form your plan of implementation around the answers to those questions. For example:

who--the person I lease to will have to be a high school graduate, have the references of good character, and not have another job

what--s/he will need skills in selling, in operation of the equipment, and in keeping a neat work station; s/he will need to be willing to go to the ice cream company office for the 2-week training session in making the ice cream

when--s/he must work during prime selling hours: in summer, 2:00 p.m.-10:00 p.m.; in winter, during school lunch hour and 3:00 p.m.-10:00 p.m.; weekend work will also be required

where--summer hours will concentrate around swimming pool area, parks, shopping areas; winter hours, at high school during lunch hour, after school, at school events in evenings

how--price will be set by leasor and leasor will also handle all costs (see lease agreement)

results--leasee will receive percentage of profits (see lease agreement)

VII. Leaders also often have fiscal responsibilities and must understand budgeting procedures and financial statements.

A. Advantages of using budgets:

1. Budgeting is a means of coordinating activities.
2. A budget is more than speculation; it is a workable pattern to be followed.

3. A budget places an obligation upon an organization to maintain adequate financial records that can be tied in with the budget.
4. Efficient or inefficient use of resources is revealed by budgets intended for that purpose.
5. A budget gives management a means for self-evaluation and can be used to measure progress.

B. The budgetary process is continuous and includes the following steps:

1. Set guidelines. The budget is intended to implement major policy decisions. The long-range plan governs the preparation of the budget.
2. Prepare an initial budget. Each department should add detailed calculations, informational data, and estimates of expenses.

    a. Funds may include:

        1. Expendable funds

            a. General fund--this usually contains most of the available funds. It represents the unrestricted fund of the organization as far as budgeting and expenditure are concerned. It can be spent for any legal purpose for which the organization may wish to use it and may be drawn on for the replenishment of other funds.
            b. Special funds--these are restricted as to use, since they are established for specific purposes. They cannot be transferred to other funds. Some originate by means of the government levying a special millage tax to pay for a particular function. This forms a kind of special appropriation and is usually not considered in the budget, thereby confusing budget planning. Special levies as a whole are undesirable. Much more preferable is a general levy adequate to cover all the needs of a government with the exception of sinking funds, the proceeds of which, however, should go into the general fund.
            c. Sinking funds--these are a form of special expendable funds set aside for the redemption of bonds or other similar obligations. They are nontransferable.

        2. Working capital funds--the purpose of these is for conducting the many organizational and institutional activities. They are usually replenished by means of transfers from other funds.
        3. Endowment funds--the principle of these funds cannot be expended, but the income accruing their investment may be spent for the purposes specified in the conditions of endowment.

        4. Suspense funds--these are not funds in the true sense of the word. They consist of sums of money made available for special purposes, their distribution and use pending transferal to other funds.

    b. Expenditures may be broken into categories such as: (transparency)

        1. Operating expenses, i.e., salaries, travel, supplies, repairs, etc.
        2. Capital costs
        3. Mixed charges, e.g., interest on bonds, etc.
        4. Contingency funds

3. Review and authorization
4. Execution of the budget--translation of the fiscal program into an operation program.
5. Post-audit evaluation and review to determine whether expenditures have been made and operations conducted in accordance with intent.

C. Accounting records to be maintained and financial statements to be interpreted may include:

1. General ledger
2. Complete and detailed records of receipts and expenditures
3. Encumbrance control records designed to insure adequate funds for future payment of obligations made in the present (transparency)
4. Balance sheet--working capital (total current assets minus total current liabilities) is of primary interest in this report since it relates to liquidity and solvency (transparency)
5. Funds flow and cash flow statements--reflect changes occurring in asset, liability, and equity items between two balance sheet dates (transparency)
6. Income and expense statement--trend percentages for various periods can call attention to large proportionate changes (transparency)
7. Tests of program financial efficiency, calculated as cost of manpower and materials divided by number of cases served equals the cost per case; financial ratios such as the current ratio which evaluates the organization's liquidity or ability to meet its current obligations, calculated as current assets divided by current liabilities.

D. Comparisons of actual figures may be made against standards such as:

1. Experience--the manager or financial analyst builds up his own idea of "good" or "poor" performance, based on knowledge about similar situations.
2. Goals--actual performance can be compared with budgets, or expected performance standards, provided that budget figures have been carefully established in the first place and that economic conditions have not been unusual during the period.
3. Historical standards--a comparison of current performance with past figures for the same organization can show improvement or lack of improvement, providing circumstances and accounting practice have not changed materially.

4. External standards--comparison can be made with other similar organizations and their records.

VIII. Alternate sources of funding are often sought by health care agencies.

A. Sources of additional funds may include:

1. Governmental funds, especially federal agencies which supply over $100 billion annually to human services; the Catalog of Federal Domestic Assistance lists programs funded and grant monies available.

   a. Medicare and Medicaid are of primary interest to health care agencies.

      1. Medicare provides care for those over 65; limitations are are made as to number of days of hospital or nursing home care, diagnostic tests, etc.
      2. Medicaid provides care for those on public assistance programs; limitations again are made, e.g., on number of physical exams per year.

   b. Title programs, such as Title XX funds for mentally retarded persons, are also available.

2. Private sources, which are listed in the Annual Register of Grant Support and the Foundation Directory. Private sources include:

   a. Foundations and community trusts, which supply over $2.4 billion annually.
   b. Business and industrial organizations, which supply over $1 billion annually.

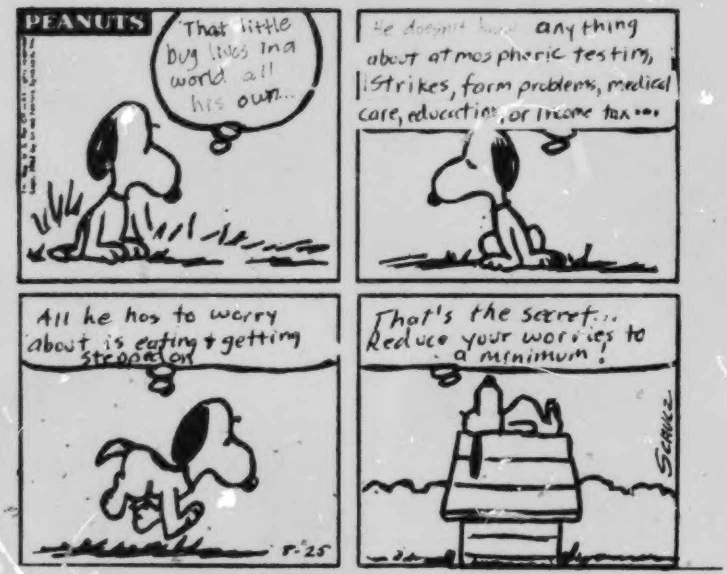
B. Grantsmanship involves presentation of the project to various funding sources and in the most attractive manner. Questions to be considered in submitting a proposal include:

1. Identify the problem. Is it really important? How important? What evidence do you have?
2. What will be accomplished by the project? What are the objectives? Who will be served? How many? What area of geography will be covered? How many children? Older citizens? What ethnic groups?
3. Are any other groups or agencies dealing with the problem? If so, in what way is your project different? Why don't services available in the community meet the need?
4. Why should your organization undertake this project? Why is it uniquely suited to do the job? Who, outside of your organization, in the field can endorse your project?
5. Who will actually "do" the project? Describe the competence of the project director and the supporting staff.
6. How will the project be evaluated? Are the evaluation techniques consistent with the project goals? Are they suitable for evaluating the project?

7. How much money do you really need to do the job? Why? Is this a one year, two year, three year project? Why? How much for each year?
8. How much of the cost do you want the grant to cover? If there is a match, how much will the agency match? How will the match funds be raised? e.g., 90 - 10, 80 - 20.
9. What happens when the project is completed? Will an on-going project continue in some form or other? In what form? Will the project have been "institutionalized" and self-supporting? What difference will the project make? Would this difference have been made if the project actually had not been undertaken?

HEALTH CARE ADMINISTRATORS
LEADERSHIP SYMPTOMS
UNIT I

TRANSPARENCY MASTER #1


PEANUTS
That little bug lives in a world all his own...
He doesn't know anything about atmospheric testing, strikes, farm problems, medical care, education, or income tax...
All he has to worry about is eating + getting stepped on
That's the secret... Reduce your worries to a minimum!
5-25
SCHULZ

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Snoopy may have a point here.

Source: Hamachek, Don E. Encounters with the Self. New York: Holt, Rinehart and Winston, 1971.

HEALTH CARE ADMINISTRATORS
LEADERSHIP AIN'T EASY
UNIT I

TRANSPARENCY MASTER #2

DAILY TIME LOG

Date: April 10

Name: J. Johnson

Goals: (1) finish quarterly report
(2) hire secretary
(3) prepare agenda for staff meeting

TIME	ACTION	PRIORITY High Medium Low	COMMENTS Delegate to ________ Combine with ________ Next time say "No." Eliminate Other
8:00	read mail	med.	
	↓		
8:30	answer two letters — to T.R. and P.L.	med.	could have waited
9:00	interview sec.	high	necessary
	↓		
9:30	begin agenda	high	need uninterrupted time
	phone call from J.R.	med.	
10:00	continue agenda	high	
	coffee w/ R.S.	low	interruption — eliminate
10:30	interview sec.	high	necessary
	↓		
11:00	finish agenda	high	could have been done faster w/out interruptions
etc.			

HEALTH CARE ADMINISTRATORS
LEADERSHIP SYMPTOMS
UNIT I

TRANSPARENCY MASTER #3

The Problem-Solving Process:

A. Identify the tension

B. Find the problem

C. Find ideas

The Decision-Making Process:

A. Find solutions

B. Implement the solution

HEALTH CARE ADMINISTRATORS
LEADERSHIP SYMPTOMS
UNIT I

TRANSPARENCY MASTER #4

Example of budget form for a city health department, presenting data based on unit of organization and purpose.

GENERAL FUND--Health--General

	Account code Function	Obj.	Items numbered are the appropriations. Items following in detail are explanatory of the appropriations-see city charter title VI, chap. 1, sec. 7.	Expended 1966-67	Budget allowance 1966-67 No.	Budget allowance 1966-67 Amount	Adjusted allowance Dec. 31, 1966 No.	Adjusted allowance Dec. 31, 1966 Amount	Expended Jul. 1, '66-Dec. 31 1966	Requested 1967-68 No.	Requested 1967-68 Amount
1	3010		ADMINISTRATION:	66,439.72	19	73,835.00	19	74,287.00	32,707.25	19	74,182.00
2		111	Salaries	3,475.74		4,000.00		4,000.00	1,436.39		4,000.00
3		301	Duplicating and Office Supplies	10,000.00		9,000.00		9,000.00	4,200.00		10,000.00
4		302	Postage	67.25		300.00		300.00	52.50		250.00
5		303	Reimbursement, Purchase and	6,925.60		7,300.00		7,300.00	3,546.56		7,200.00
			Repairs of Badges	23,500.00		23,500.00		23,500.00	11,750.00		25,000.00
6		405	Telephone and Telegraph Services								
7		414	Rental of Buildings and Space		—		—			—	
8				110,408.31		117,935.00		118,387.00	53,692.70		120,632.00
9											
10	3020		Health education	24,416.59	15	43,861.00	15	44,163.00	12,631.96	15	44,724.00
11		111	Salaries								
12		301	Purchases and Rental: Educational Films, Publications, and Displays	138.00		600.00		600.00	53.20		600.00
13					—		—			—	
14				24,554.59		44,461.00		44,763.00	12,685.16		45,324.00
15											
16	3030		Vital statistics:	33,896.72	15	38,013.00	15	38,887.00	18,174.59	15	39,032.00
17		111	Salaries	11,161.64		19,550.00		19,734.00	4,535.66		15,000.00
18		113	Salaries--Issuing Birth Certificates	1,759.00		1,770.00		1,770.00	627.83		1,770.00
19		301	Supplies		—		—			—	
20				46,817.36		59,333.00		60.391.00	23,338.08		55,802.00
21											
22	3041		Sanitary engineering:	94,617.99	31	106,420.00	31	106,940.00	48,568.74	31	107,210.00
23		111	Salaries								
24	3042		Sub-standard housing inspection:	39,509.83	18	53,605.00	18	53,927.00	19,563.22	18	54,397.00
25		111	Salaries	90.79		200.00		200.00	17.27		200.00
26		301	Supplies		—		—			—	
27				39,600.62		53,805.00		54,127.00	19.580.49		54,597.00
28											
29	3043		Food Inspection:	289,923.92	97	325,294.00	97	325,900.00	147,882.28	97	321,102.00
30		111	Salaries								

Source: Hanlon, John J. Public Health: Administration and Practice.
6th ed. St. Louis: C.V. Mosby Co., 1974.

HEALTH CARE ADMINISTRATORS
LEADERSHIP SYMPTOMS
UNIT I

TRANSPARENCY MASTER #5

ENCUMBRANCE CONTROL RECORD

Date	Description	Transactions: increase-decrease			Totals to date		Balances		
		Allotment	Expenditures	Purchase orders-requisitions	Total allotment	Total expenditures	Unexpended balance	Accounts payable	Unencumbered balance
2/ 8/45	(1) Medical	$24							
2/ 8/45	(2) Hospital	50			$ 74				$74
2/18/45	(3) Hospital	10			84				84
2/22/45	(4) Hospital		$60		84	$ 60			24
2/23/45	(5) Medical		24		84	84			
5/ 8/45	(6) Medical	24							
5/ 8/45	(7) Hospital	50			158	84			74
5/26/45	(8) Medical to adjust	-24							
6/26/45	(9) Medical	36			170	84			86
6/ 3/45	(10) Medical		36		170	120			50
6/ 3/45	(11) Hospital to cancel	-50							

Source: Hanlon, John J. Public Health: Administration and Practice. 6th ed. St. Louis: C.V. Mosby Co., 1974.

HEALTH CARE ADMINISTRATORS
LEADERSHIP SYMPTOMS
UNIT I

TRANSPARENCY MASTER #6

BALANCE SHEET

Current Assets:	
Cash	$ 4,958
Notes receivable	8,500
Accounts receivable	7,308
Prepayments	1,500
Total current assets	$22,266
Property and Equipment (Notes 1 & 2)	
Land	$12,000
Buildings	37,537
Furniture and equipment	39,321
Vehicles	14,878
	$103,736
Accumulated depreciation	(33,800)
Total property and equipment	$ 69,936
Total assets	$ 92,202
Current Liabilities:	
Notes payable	$ 55,000
Accounts payable	3,099
Accounts payable - affiliates	840
Accrued liabilities	5,000
Current portion of long-term debt	484
Total current liabilities	$ 64,423
Long-term debt (Note 2)	23,064
Total liabilities	$ 87,487
Fund balance June 30	4,715
Total liabilities and fund balance	$ 92,202

HEALTH CARE ADMINISTRATORS
LEADERSHIP SYMPTOMS
UNIT I

TRANSPARENCY MASTER #7

FUNDS FLOW STATEMENT

Sources of Funds:	
Proceeds from sale of fixed assets	$10,000
Additional long-term debt	26,000
	$36,000
Uses of Funds:	
Equipment	$30,000
Increase in working capital	6,000
	$36,000

HEALTH CARE ADMINISTRATORS
LEADERSHIP SYMPTOMS
UNIT I

TRANSPARENCY MASTER #8

INCOME STATEMENT

Contracts	$329,776
Contributions	48,661
Other funds	710
Total revenues	$379,147
Salaries	$257,897
Payroll taxes	13,069
Employee benefits	7,543
Other personal services	40
Telephone and postage	4,435
Data processing	--
Publishing and printing	331
Insurance and bonds	4,977
Dues, subscriptions and fees	903
Conference expense	41
Utilities	9,831
Rent	11,390
Repairs	4,487
Medical equipment, service and supplies	--
Professional services	--
Bad debt & other operating expenses	8,630
Food	23,471
Office, household, educational and automotive supplies	5,323
Other operating supplies	2,811
Reuse and resale supplies	--
Board and lodging	2,173
Mileage and travel expense	6,615
Depreciation	9,479
Interest	2,308
Total expenses	$375,754
Net revenue/(loss)	$ 3,393
Adjustments	(8,739)
Fund balance, July 1	10,061
Fund balance, June 30	$ 4,715

HEALTH CARE ADMINISTRATORS
LEADERSHIP SYMPTOMS
UNIT I

ASSIGNMENT SHEET #1

Part of self-knowledge is knowing what you value. Below are two lists of values arranged in alphabetical order. For each list, read all the values carefully; then, rank the values in order of their importance to YOU as guiding principles in YOUR life. Place a "1" next to the value which is most important for you; place a "2" next to the value which is second most important to you, etc. The value which is least important, relative to the others, should be ranked "18."

VALUE LIST #1

_____ A COMFORTABLE LIFE (a prosperous life)

_____ EQUALITY (brotherhood, equal opportunity for all)

_____ AN EXCITING LIFE (a stimulating, active life)

_____ FAMILY SECURITY (taking care of loved ones)

_____ FREEDOM (independence, free choice)

_____ HAPPINESS (contentedness)

_____ INNER HARMONY (freedom from inner conflict)

_____ MATURE LOVE (sexual and spiritual intimacy)

_____ NATIONAL SECURITY (protection from attack)

_____ PLEASURE (an enjoyable, leisurely life)

_____ SALVATION (deliverance from sin, eternal life)

_____ SELF-RESPECT (self-esteem)

_____ A SENSE OF ACCOMPLISHMENT (making a lasting contribution)

_____ SOCIAL RECOGNITION (respect, admiration)

_____ TRUE FRIENDSHIP (close companionship)

_____ WISDOM (a mature understanding of life)

_____ A WORLD AT PEACE (freedom from war and conflict)

_____ A WORLD OF BEAUTY (beauty of nature and the arts)

VALUE LIST #2

_____ AMBITIOUS (hard-working, aspiring)

_____ BROADMINDED (open-minded)

_____ CAPABLE (competent, effective)

_____ CHEERFUL (lighthearted, joyful)

_____ CLEAN (neat, tidy)

_____ COURAGEOUS (standing up for your beliefs)

_____ FORGIVING (willing to pardon others)

_____ HELPFUL (working for the welfare of others)

_____ HONEST (sincere, truthful)

_____ IMAGINATIVE (daring, creative)

_____ INDEPENDENT (self-reliant, self-sufficient)

_____ INTELLECTUAL (intelligent, reflective)

_____ LOGICAL (consistent, rational)

_____ LOVING (affectionate, tender)

_____ OBEDIENT (dutiful, respectful)

_____ POLITE (courteous, well-mannered)

_____ SELF-CONTROLLED (restrained, self-disciplined)

Source: Simon, Sidney B. Values Clarification. New York: Hart Pub. Co., 1972.

HEALTH CARE ADMINISTRATORS
LEADERSHIP SYMPTOMS
UNIT I

ASSIGNMENT SHEET #2

TIME MANAGEMENT

Use the time log sheets attached and keep a log of your own work time in the next 48 hours. At the end of that time analyze your use of time, using the questions on the information sheet.

Date: ________________

DAILY TIME LOG

Name: ____________________

Goals: (1) ____

(2) ____

(3) ____

TIME	ACTION	PRIORITY High Medium Low	COMMENTS Delegate to ________ Next time say "No." Eliminate Other
8:00			
8:30			
9:00			
9:30			
10:00			
10:30			
11:00			

11:30			
12:00			
12:30			
1:00			
1:30			
2:00			
2:30			
3:00			
3:30			
4:00			
4:30			
5:00			

adapted from Mackenzie, R. Alec. New Time Management Methods for You and Your Staff. Chicago: Dartnell Corporation, 1975.

HEALTH CARE ADMINISTRATORS
LEADERSHIP SYMPTOMS
UNIT I

ASSIGNMENT SHEET #3

THE VETERAN

Lyle Tatum was coming down the hall, and Alice Gannon knew she'd better think fast. If she didn't, she could look forward to an afternoon of "war stories," and little else being done.

Lyle was a good executive, and was presently doing a fine job as staff assistant to the President of Chamboa College. In this position, he was responsible for coordinating with all supervisors in the college, and for maintaining communications between departments. Before coming to the college, he had had an eventful career as a military officer, spending 18 years as an enlisted man, and 19 years as an officer in the army. He retired with the rank of colonel, and joined the college at a salary far lower than the college would otherwise pay for a person with his qualifications and experience.

The problem with Lyle wasn't his ability as an executive. It was his habit of telling war stories whenever anyone would listen. His usual pattern was to come into the office for a meeting (scheduled or unscheduled), discuss the college problem for about ten minutes (being a good executive, problems seldom took long to dispose of), and then quickly jump into his stories. Usually, he would start with, "This reminds me of the time with Patton, crossing the. . ." He would then tell as many stories as he could remember, and Alice and others could do nothing except sit and listen.

Lyle's stories were, of course, first-hand experiences. Lyle was in the infantry, and he served everywhere. Unfortunately, after hearing each of Lyle's stories four or five times, all Alice could do was roll her eyes toward heaven, and pray for deliverance. Other supervisors in the college had similar problems with Lyle.

No one was able to maintain any sort of daily time plan with him around. Something had to be done, and Lyle was coming down the hall again.

1. What can Alice do to manage her time with this known interruption?

2. Since Alice is not alone with the problem of Lyle, is there any action that the other supervisors could take to combat the waste of time?

Terry, George R. Supervision. Homewood: Richard D. Irwin, 1978.

HEALTH CARE ADMINISTRATORS
LEADERSHIP SYMPTOMS
UNIT I

ASSIGNMENT SHEET #4

Choose any one of the problems described below, and practice your problem-solving and decision-making skills, using the attached outline of the procedure described in the information sheets.

PROBLEM #1

There is no one assigned to provide maintenance work such as van service, changing the furnace filter, and routine fix-up. Budgeting constraints do not allow for anyone to be hired at the current time. Two buildings are involved.

PROBLEM #2

There is no adequate system for in-service. The major problem is finding a time when staff can attend meetings, since many have other commitments at times when they are not on actual duty. In-service seems to be a major production without much positive feedback.

I. The process of problem solving:

   A. The tension:

      1. The concern or situation that needs change:

      2. The facts about that situation:

         Who

         Why

         What

         How

         When

         Where

   B. Problem finding:

      1. State the problem: In what ways might I

      2. Restate the problem:

   C. Idea finding:

      1. List ideas:

         a.

         b.

         c.

         d.

      2. Stretch your imagination. List more ideas:

         a.

         b.

         c.

II. The process of decision making

A. Solution finding:

1. Look ideas over
2. Evaluate each, using criteria:
    a. Cost
    b. Time involved
    c. Effect on quality
    d. Effect on utilization of manpower
    e. Effect on safety
    f. Effect on materials use
    g. Other considerations
3. Choose the idea you will use:

B. Implement your decision:

1. Make a plan of action:
    a. First, I will
    b. Then, I will
    c. Next,
    d. Next,
2. Fill in details:
    a. Who will be involved:
    b. What will they do:
    c. What will they need for the job:
    d. When will it be done:
    e. Where will it be done:
    f. How will it be done:
    g. What will the results be:
    (how will others benefit)

HEALTH CARE ADMINISTRATORS
LEADERSHIP SYMPTOMS
UNIT I

ASSIGNMENT SHEET #5

Everyone has a "secret dream" project. Write a grant proposal for your project, in one page or less, answering the important questions discussed in the information sheets.

HEALTH CARE ADMINISTRATORS
LEADERSHIP SYMPTOMS
UNIT I

REVIEW SHEET

Check what you have learned about self-awareness and assertiveness, time management, problem solving and decision making, accounting and budgeting, and grantsmanship, by completing the following review sheet. Then check your answers with the information sheet materials. If you get all seven items right, you're doing a terrific job! If you get six right, that's good; five right is fair; and if you get four or less right, you need some review on the principles.

1. Match the following terms and their definitions:

_____ A. Accounting

_____ B. Assertiveness

_____ C. Balance sheet

_____ D. Budget

_____ E. Current assets

_____ F. Current liabilities

_____ G. Decision making

_____ H. Funds flow statement

_____ I. Grantsmanship

1. A plan expressed in quantitive (normally financial) terms.
2. A process by which one person influences others to work together toward the attainment of a goal.
3. A process undertaken by an individual in order to resolve tensions created by a situation that thwarts the course of activity.
4. A report describing sources from which additional funds were derived and the uses to which those funds were put.
5. A report matching the amount of money earned against the expense incurred for a specific period of time.
6. A statement showing how a business is doing as of a particular date.
7. A system for collecting, summarizing, analyzing, and reporting, in monetary terms, information about an organization.
8. The act of stating definitely or putting forward positively.
9. The art of winning funding for special projects through submission of a proposal to the appropriate funding agency.

_____ J. Income statement

_____ K. Leadership

_____ L. Problem solving

_____ M. Time management

10. The effective utilization of the resource called "time" so that managerial productivity is enhanced.

11. The selection of one course of action from two or more alternate courses of action.

12. Those assets normally converted into cash within a year or a single operating cycle.

13. Those debts that are payable within a year.

2. List at least eight signs of a healthy self-image.

   a.

   b.

   c.

   d.

   e.

   f.

   g.

   h.

3. Discuss the five basic skills involved in assertion on the job.

   a.

   b.

   c.

   d.

   e.

4. List ten common time wasters and the four questions with which to analyze those time wasters.

   time wasters:

   a.

   b.

   c.

   d.

   e.

   f.

   g.

   h.

   i.

   j.

   questions:

   a.

   b.

   c.

   d.

5. Discuss four techniques for using time more effectively.

   a.

   b.

   c.

   d.

6. Demonstrate the ability to use problem-solving and decision-making processes by arriving at a solution for the problem given below:

"The nursing assistant position has very high turnover. All but three persons out of twenty are new since four months ago. The compensation for the position starts at $3.30 an hour, with no benefits and only part-time status. The hours worked include 3:00 - 11:00 in the evenings and weekends. Qualifications for the position include high school diploma and 19 years of age, with previous experience desirable but not required. The duties include patient care, housekeeping, and cleaning. Many of these individuals have not appeared for work one day or have left without giving notice."

7. Discuss the four aspects of understanding budgeting and financial statements.

   a.

   b.

   c.

   d.

8. Discuss sources of alternate funding and the grantsmanship required to secure those funds.

   a.

   b.

HEALTH CARE ADMINISTRATORS
COMMUNICABLE DISEASE
UNIT II

UNIT OBJECTIVES

This unit will give the health care administrator an opportunity to increase management skills in regard to communications, peer skills, medical terminology, conducting a meeting, and public relations. In studying the five topics, specific techniques for each will be presented as well as opportunities to participate in actual practice activities.

SPECIFIC OBJECTIVES

Upon completion of this unit, the participant should be able to:

1. Match definitions with the following terms: communication, public relations.
2. List three forms of communication and advantages and disadvantages of both oral and written communications.
3. Diagram the communication process.
4. Discuss barriers to communication, listing seven specific barriers.
5. Discuss seven suggestions for improving organizational communications.
6. Discuss the skill of listening, listing three tips for increasing listening ability.
7. List four points in the improvement of peer relationships.
8. Name the key to understanding medical terminology.
9. Discuss the two major aspects of conducting a meeting skillfully.
10. Diagram the public relations procedure.
11. Discuss seven community education techniques.
12. Discuss the recruiting and use of volunteers, specifically two benefits of using volunteers and two recruiting techniques.

HEALTH CARE ADMINISTRATORS
COMMUNICABLE DISEASE
UNIT II

SUGGESTED ACTIVITIES

I. Instructor:

- A. Provide participants with objective sheet.
- B. Provide participants with information and assignment sheets.
- C. Discuss unit and specific objectives.
- D. Discuss information and assignment sheets.
- E. Discuss review sheets.

II. Participant:

- A. Read objectives.
- B. Study information sheets.
- C. Complete assignment sheets.
- D. Check that you can achieve each specific learning objective.
- E. Complete and check review sheets.

INSTRUCTIONAL MATERIALS

I. Included in this unit:

- A. Objectives
- B. Information sheets
- C. Transparency masters:
    1. Communication process
    2. Communication barriers
    3. Medical terminology -- roots
    4. Medical terminology -- prefixes and suffixes
    5. Public relations procedure
- D. Assignment sheets:
    1. Communication self-quiz
    2. Communications case studies
    3. Meeting evaluation
    4. Recruiting volunteers
- E. Review sheets

II. References:

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REFERENCE CODE

A--communications
B--peer skills
C--medical terminology
D--conducting a meeting
E--public relations

HEALTH CARE ADMINISTRATORS
COMMUNICABLE DISEASE
UNIT II

INFORMATION SHEET

I. Terms and definitions:

   A. Communication--The transmission and reception of a message that travels between two or more persons.
   B. Public relations--The management function which evaluates public attitudes, identifies the policies and procedures of the organization with the public interest, and executes a program of action to earn public understanding and acceptance.

II. Communication is the manager's most important tool. Studies have shown that a minimum of 65-70% of the supervisor's time is spent in communication.

   A. Forms of communication include:

      1. Written communications from management:

         a. Job descriptions and procedural manuals or handbooks
         b. Newsletters
         c. Memos

      2. Written communications from employees:

         a. Reports
         b. Suggestions

      3. Face-to-face communications (includes spoken and non-verbal expressions)

         a. Superior-subordinate
         b. Committees
         c. Informal communication ("the grapevine")

   B. Oral and written communications each have some advantages and disadvantages.

      1. Oral communication gives participants a chance to appraise the degree of understanding achieved, to ask questions, and to clarify meanings.
      2. Oral communication is limited to those situations where time and the nature of the message permit direct contact; also, perception of the spoken word is usually less accurate than perception of the written word.
      3. Written communications provide a permanent record, are usually more carefully thought through than oral communications, and can be checked for accuracy before being sent.
      4. There is a problem in keeping written communications up-to-date and in the impossibility of clarifying and elaborating meaning at the time the message is sent.

   C. The grapevine is an inevitable fact of organizational life. It flows much faster than the formal communication system and can be a rich source of information about the performance, ideas, feelings and attitudes of the people in the organization if it is used effectively by the manager.

III. The communication process:

A. The source wants to communicate an idea, thought, need, or information to another person.
B. The source encodes his/her idea into symbols such as words, diagrams, etc.
C. The message is the encoded idea that the source will send to the other person.
D. The channel is the medium through which the message is sent. It may be spoken or written words, a pat on the back, etc.
E. The receiver is the person who receives the sent message.
F. The receiver decodes the message by envisioning an idea from meaning s/he has attached to the symbols used.
G. The receiver may respond to the message with feedback which indicates whether or not his/her understanding of the message coincides with the source's intended thought.
H. The message may be distorted by noise.

IV. Barriers to communication -- noises: (transparency)

A. Barriers may be either physical or psychological. Physical barriers, such as a lack of privacy, may be relatively easily corrected. Psychological barriers are much more difficult to deal with since they often arise from perceptual differences between the communicators.

B. Some specific barriers include:

1. Differences in background, experiences, or attitudes which inhibit understanding the other's reasoning or feelings; e.g., a reference to "you guys" may be interpreted as casual friendliness or as a lack of respect, depending upon attitude.
2. People stereotypes which activate mental blocks and prejudices; e.g., the word "salesman" may cause immediate defensiveness against "pushy people trying to talk you into something."
3. Symbols that have different meanings for different people, e.g., when a repairman assures the client that repairs will be done "quickly" and "at reasonable cost"; at exactly what time and cost will the item be ready?
4. Different vocabularies -- in many fields jargon or abbreviations or acronyms such as OSHA, FOB, EEOC, etc., are frequently used, but some receivers may not understand what is meant.
5. Lack of awareness of nonverbal symbols such as tone of voice, gestures, facial expressions, behavior, etc. A manager who growls at an employee because s/he is upset about some entirely unrelated problem will be communicating something s/he probably does not understand.
6. One-way-only communication when supervisors simply give orders and do not allow feedback.
7. Narrow, rigid viewpoints which cause the receiver to block out anything that doesn't fit in with his/her view.
8. The tendency to jump to conclusions.
9. Distractions from the environment, such as time pressures, physical discomfort, etc.
10. Lack of adequate planning as to who should communicate what and how it could most effectively be done.

V. Some suggestions for improving organizational communications:

A. Seek to clarify your ideas before communicating. Many communications fail because of inadequate planning.
B. Examine the true purpose of each communication. Identify your most important goal and then adapt your language, tone, and total approach to serve that specific objective.
C. Consider the total physical and human setting whenever you communicate. Consider, for example, your sense of timing, the physical setting, the social climate, custom and past practice.
D. Consult with others, where appropriate, in planning communications. Such consultation often helps to lend additional insight and objectivity to your message and will also give it added support.
E. Be mindful, while you communicate, of the overtones as well as the basic content of your message. Your choice of language, tone of voice and expression (if oral), apparent receptiveness to the responses of others, all have impact on those you wish to reach.
F. Take the opportunity, when it arises, to convey something of help or value to the receiver. Consideration of the other person's interest and needs will produce the most response for the manager.
G. Follow up your communication. Ask questions, encourage the receiver to express reactions. Make certain that every important communication has a feedback so that complete understanding and appropriate action result.
H. Communicate for tomorrow as well as today. Keep communications consistent with long-range interests and goals.
I. Be sure your actions support your communications.
J. Seek not only to be understood but to understand -- be a good listener.

VI. Listening is a skill that must be learned. Effective listening requires energetic concentration.

A. Listening is a process of responding to different levels of stimuli:

1. We listen to some sounds because of their suddenness, intensity, or contrast with previous sounds, e.g., a fire alarm.
2. There are some sounds we hear automatically because we have trained ourselves to do so, e.g., the mail delivery coming at approximately the same time every day.
3. Some sounds are noticed by their absence, e.g., in a room full of noisy machines, the supervisor immediately looks up when one of those machines stops.

B. Listening is a constantly shifting process. Since the average speaking rate is 120 words per minute while the listening comprehension rate averages 400 words per minute, most of us listen intensely for only a few seconds, then drift off, paying attention only in spurts.
C. Motives and feelings greatly influence listening. If we expect a message to be of personal importance, our listening ability improves remarkably. When the message is contradictory or distasteful to us, it takes a disciplined mind to listen carefully.

D. Some tips for increasing listening ability:

1. Prepare yourself to listen. Develop an attitude that in almost all messages there are likely to be ideas that can be used. Be interested, pay attention.
2. Listen nonevaluatively. Do not judge the message and impose your situation, behavior, or feelings on the other person. Overlook any distracting things about the way the message is being delivered.
3. Try to understand the other person's point of view or frame of reference. In summary:

    a. With your head, listen to what is said.
    b. With your heart, listen to what isn't said.
    c. With your hands, listen by taking notes -- when important to remember.
    d. With your body, listen by reacting physically -- with posture, gestures, nods.
    e. With your voice, listen by asking questions and by responding with playback, words, or silence.

VII. Peer skills -- the art of negotiation and consulting with other professionals, including physicians -- is based on general communication effectiveness. Some other personal qualities which contribute to effective peer relationships include:

A. Being thorough and being prepared. Use time wisely; ask questions about things you do not understand and make notes about new procedures.
B. Being courteous and considerate. Respect the other's time schedule and other professional demands; respect him/her as a person. Be prompt and be attentive.
C. Being flexible. A person with rigid ideas, unable to change, will find it difficult to get along with others.
D. Being realistic, both about what you can do and about what you expect of others.

VIII. Medical terminology:

A. The key to understanding medical terminology is learning certain word "roots" which form the basis for over one-fourth of all medical words (transparency).
B. Learning some commonly used medical prefixes and suffixes also helps in understanding medical terminology (transparency).
C. To be absolutely certain of word meanings, invest in a small, simplified medical dictionary.

IX. Conducting a meeting skillfully involves:

A. Planning for the meeting:

1. Determine the purpose of the meeting and communicate it to the participants; have well-defined, clear goals.
2. Prepare the agenda. Be concise; give an orderly statement of events.
3. Arrange for a comfortable, convenient meeting place.
4. Be sure all necessary reports, diagrams, etc. are available.

B. Leading the meeting:
   1. Use time efficiently. Start on time and keep things moving.
   2. See that the purpose of the meeting is accomplished. Cover your planned agenda.
   3. State issues clearly. Be positive and dynamic. Use support data, audio-visuals, etc. if they will help make your point and keep audience interest.
   4. Keep the meeting running smoothly. Monitor participation and ask questions of those who are not participating adequately while preventing domination by other group members. Maintain a high level of conduct; set up rules needed (such as parliamentary procedure) but do not control excessively.
   5. Reach definite decisions, if that is the purpose of the meeting.

X. Public relations for the health care organization is in many ways similar to business public relations.

A. The goal of public relations is to convince people that they should adopt a certain attitude or pursue a certain course of action. This is accomplished by:

   1. Attracting attention
   2. Winning belief
   3. Imparting understanding

B. The public relations procedure: (transparency)

   1. Internal research--collect information and ideas from within the organization; "what is the message we want to send to the public?"
   2. Integration with policy--apply judgment to be sure every message furthers management purposes.
   3. Preparation of the message--use appropriate form based on to whom the message is to be sent and the most effective means of reaching that target audience.
   4. Communication--deliver the message to the public concerned.
   5. External research--evaluate the extent to which the message has been received, the effect it has had, and the nature of the public's reaction.

XI. Some community education techniques include:

A. Civic improvements. Involvement in community educational or recreational facilities, service clubs, etc., give wide exposure to an organization.

B. Speaker's bureau. Another good way of reaching the public is by having available several organization members who are willing to speak to local clubs, societies, and civic groups.

C. Community open house. Inviting neighbors to see personally the people and facilities that make up the organization can be a most successful public relations tool.

D. Tours for special groups. Such visits may give the organization the opportunity to explain its operations or present its viewpoint directly to interested and influential community citizens.

E. Publicity and press relations. A simple measure of how well an organization is known in its home city is the frequency with which its name appears in the local newspapers or on the local TV or radio stations. A management official should be readily available to the press and should take the initiative in sending them newsworthy items. Perhaps a weekly question/answer column in the local paper might even be considered.
F. Cooperation with schools. Assistance in vocational education programs, school visits and talks, and provision of scholarships are some of the ways an organization can foster community relations through the schools.
G. Use displays at fairs, shopping centers, other special events.
H. Advertise. Local businesses may contribute to the cost of advertisements if they are given promotional considerations.

XII. Recruiting and using volunteers is both a specialized means of public relations/ community education and also a valuable financial benefit to the organization.

A. Some benefits of using volunteers:

1. They are readily available. One in four Americans regularly volunteers, about evenly divided between males and females.
2. They are financially profitable. The average hourly value of volunteer services is over $6 per hour and there is an approximate return of $7 for every dollar invested in volunteer programs.

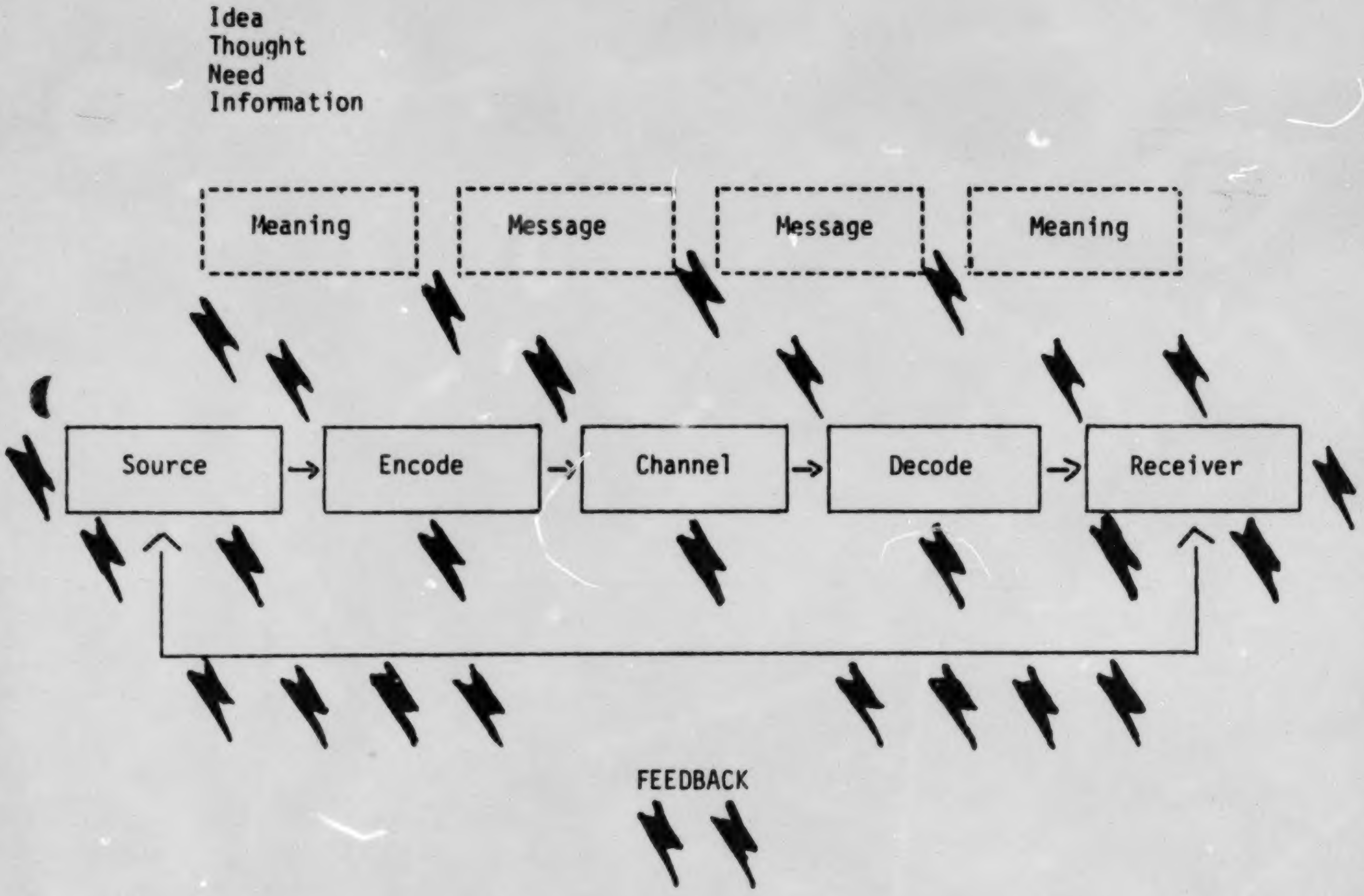
B. Some recruiting techniques:

1. Appeals through other community organizations such as churches, service clubs, schools and colleges. Such a group is often eager to take on special projects or individual members may be invited to serve as volunteers. Investment from the organization usually involves a speaker to the group, in the first place, and someone to coordinate the volunteer activities.
2. Advertising. Try posting Volunteer Job Openings listing specific position needs, such as "Journalist - to help produce the monthly newsletter - approximately 3 days per month." Announcements could be posted in shopping centers or community centers, or printed in church bulletins, service club newsletters, perhaps even in the local newspaper as a public service feature.

HEALTH CARE ADMINISTRATORS
COMMUNICABLE DISEASE
UNIT II

TRANSPARENCY MASTER #1

THE COMMUNICATION PROCESS

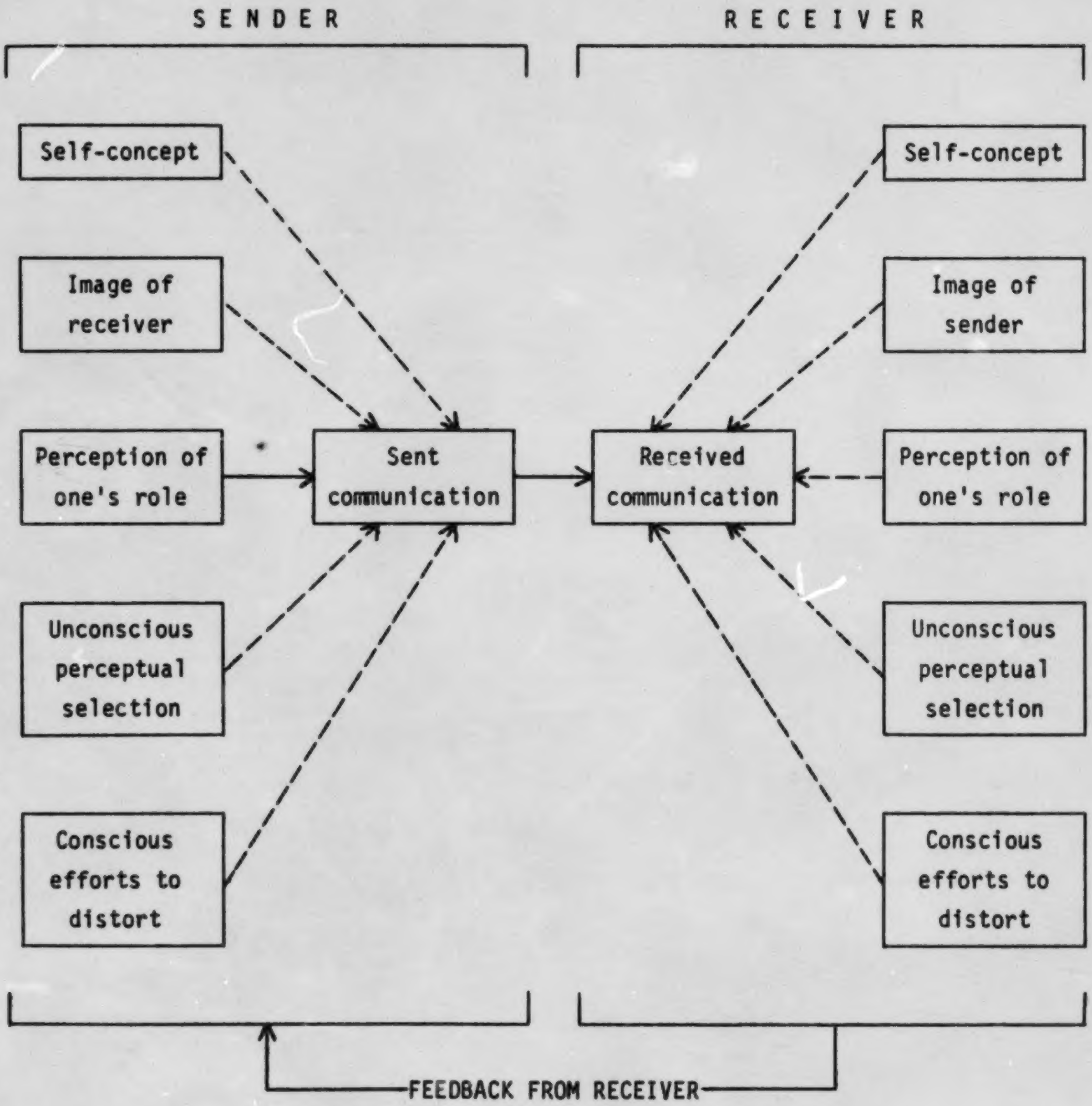

Idea
Thought
Need
Information
Meaning
Message
Message
Meaning
Source
Encode
Channel
Decode
Receiver
FEEDBACK

The process of human communication involves the transfer of meaning through the encoding of a message by a source who sends it through a channel to a receiver. The receiver decodes the message and provides feedback for the original source. The small lightning bolts represent noise, which is present at all stages of the communication process.

Source: Newport, M. Gene (ed.) Supervisory Management: Tools and Techniques. St. Paul: West Publishing Co., 1976, p. 158.

HEALTH CARE ADMINISTRATORS
COMMUNICABLE DISEASE
UNIT II

TRANSPARENCY MASTER #2



SENDER

RECEIVER

Self-concept

Image of receiver

Perception of one's role

Unconscious perceptual selection

Conscious efforts to distort

Sent communication

Received communication

Self-concept

Image of sender

Perception of one's role

Unconscious perceptual selection

Conscious efforts to distort

FEEDBACK FROM RECEIVER

PSYCHOLOGICAL BARRIERS
TO EFFECTIVE COMMUNICATION

Source: Longest, Beaufort B., Jr. Management Practices for the Health Professional. Reston: Reston Pub. Co., 1976.

HEALTH CARE ADMINISTRATORS
COMMUNICABLE DISEASE
UNIT II

TRANSPARENCY MASTER #3

MEDICAL TERMINOLOGY -- ROOTS

CLUE	HINT	EXAMPLES
ADEN	gland	adenoids, adenoma
ALG	pain	neuralgia, analgesia
ARTH	joint	arthritis, arthrodesis
BIO	life	biology, antibiotic
CALC	stone	calculus, calcification
CARD	heart	cardiac, electrocardiogram
CEPH	head	cephalic, encephalitis
CHOL	bile	cholecystitis, cholelithiasis
CHONDR	cartilage	osteochondrosis, chondrosarcoma
CIS	cut	incision, excise
CORT	bark, shell	cortex, cortisone
CORP	body	corpse, corpuscle
CUT	skin	cuticle, subcutaneous
CYST	bladder, hollow	cystocele, cholecystectomy
CYTE	cell	lymphocyte, cytology
DERM	skin	epidermis, dermatology
DORS	back	dorsal, dorsiflexion
DYS	pain, difficulty	dyspnea, dysentery
GEN	origin	pathogen, genes
GLYC	sweet	glycogen, glycosuria
GRAM, GRAPH	record, write	radiogram, urography
GYNE	woman	gynecology, gynecomastia
HEM	blood	anemia, hemoglobin
HYDR	water	hydrophobia, dehydration
LEUC, LEUK	white	leucocyte, leukemia
LITH	stone	lithotripsy, pyelolithotomy
LUMB	loin	lumbago, lumbar
MAL	bad	malnutrition, malignancy
MEG	great, large	acromegaly, megalocyte
MENS	month	menstruation, menopause
METR	measure	millimeter, optometry
MICR	small	microscope, microbe
MYO	muscle	myocardium, myositis
NEPH	kidney	nephritis, nephrogram
NEUR	nerve	neurology, neuritis
NOCT	night	nocturia, nocturnal
OPH, OP	eye	ophthalmoscope, optic
ORCH	testicle	orchitis, orchidectomy
OS	bone	ossification, periosteum
OT	ear	otitis, otosclerosis
PAR	bear, give birth	primipara, postpartum
PATH	sick, bad	psychopath, pathological
PEND	hand down	appendix, pendulous
PHLEB	vein	phlebitis, phlebolith
PHON	sound, voice	aphonia, phonetics
PHOT	light	photodermatitis, photosensitive
PNEUM	air	pneumonia, pneumothorax
PSYCH	mind	psychology, psychosis
PULM	lung	pulmotor, pulmonary
SALP	tube	salpingitis, salpingectomy
SCLER	hard	arteriosclerosis, sclerotic
SCOP	look at, observe	otoscope, cystoscopy
SECT	cut	resection, dissection
STOM	mouth, opening	anastomosis, stomatitis
THERM	heat	diathermy, thermometer
THROMB	clot	thrombosis, thrombophlebitis
TOME	cut	appendectomy, microtome
TOX	poison	toxemia, antitoxin
UR	urine	urology, pyuria
VAS	vessel, duct	vasectomy, vascular
VERS	turn	eversion, inverted
VIT	life	vital, vitamin

Source: Stegeman, Wilson. Medical Terms Simplified. St. Paul: West Publ. Co., 1976.

HEALTH CARE ADMINISTRATORS
COMMUNICABLE DISEASE
UNIT II

TRANSPARENCY MASTER #4
(Page 1 of 2)

MEDICAL TERMINOLOGY -- PREFIXES AND SUFFIXES

PREFIXES	MEANING	EXAMPLES
A, AN	no, not, without	atony, asthenic, anesthesia
AB	away from	abduct, abnormal
AD	toward, near	adduct, adrenal
ANTE	in front of (position)	antecubital, anterior
	before (time)	antefebrile, antepartum
ANTI	against	antidote, antiseptic
BI	two, double	biceps, bicornuate
CIRCUM	around	circumoral, circumcision
CO, COM, CON	with, together	coagulate, compression, consultation
CONTRA	against	contraception, contraindication
DIA	through	diapedesis, diathermy
DYS	difficult	dysfunction, dyspnea, dysmenorrhea
EC, EX	out of, out from	ectopia, exudate
END	within	endocarditis, endometrium
EPI	on, upon, over	epidermis, epiglottis, epicranium
EXTRA	outside of, beyond	extradural, extrasensory
HEMI, SEMI	half	hemiplegia, semicircular
HYPER	above normal	hyperthyroidism, hypertension
HYPO	below (position)	hypoglossal, hypodermic
	below normal	hypoglycemia, hypothyroid
INTER	between	intercostal, intervertebral
INTRA	within	intradermal, intravenous
NEO	new	neonatal, neoplasm
PARA	beside, near	parathyroid, paranasal
PER	through	perception, perforate
PERI	around	pericarditis, periosteum
POLY	many	polyarthritis, polycystic
POST	behind (position)	postnasal, postauricular
	after (time)	postmortem, postpartum
PRE	in front of (position)	prepyloric, prepatellar
	before (time)	prenatal, precancerous
RETRO	behind (position)	retrocecal, retrorectal
	backward	retrograde
SUB	below, beneath	subdural, subphrenic, sublingual
SUPER, SUPRA	above (position)	suprapubic
	beyond	supernumerary
TRANS	across, by way of	transfusion, transurethral
TRI	three	tricuspid, trimester

continued...

HEALTH CARE ADMINISTRATORS
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UNIT II

TRANSPARENCY MASTER #4
(Page 2 of 2)

MEDICAL TERMINOLOGY -- PREFIXES AND SUFFIXES

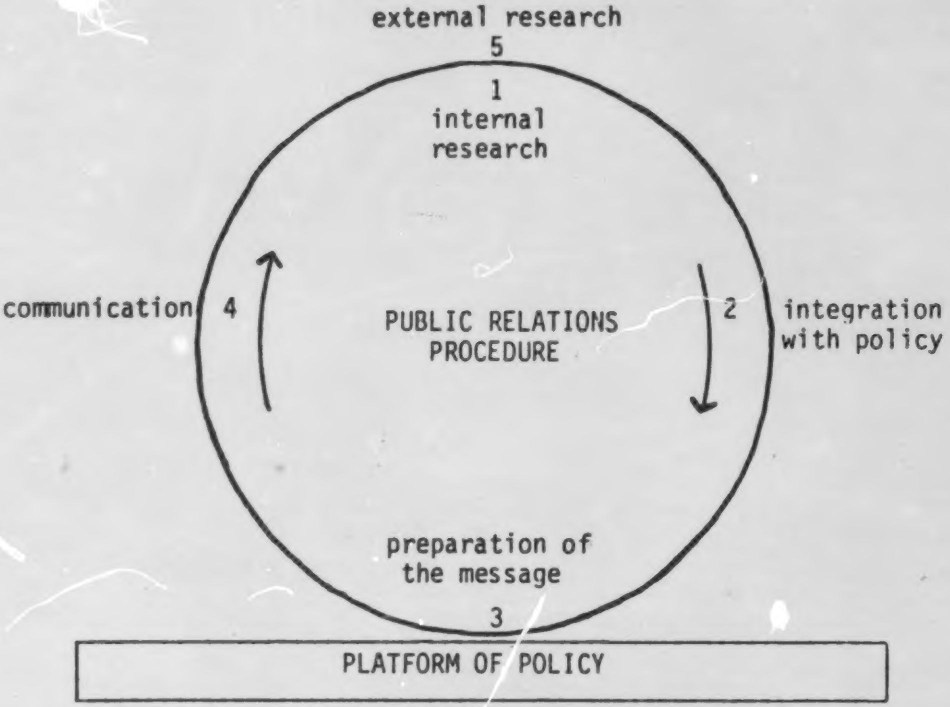
SUFFIXES	MEANING	EXAMPLES
o-CELE	hollow protrusion	cystocele, hydrocele
EMIA	blood	hyperemia, leukemia
ECTOMY	remove (surgically) cut out	appendectomy, tonsillectomy hysterectomy
o-GENIC	origin	neurogenic, psychogenic
IASIS, ISM	condition	elephantiasis, prostatism
ITIS	inflammation, infection	arthritis, myositis, pharyngitis
OID	like, similar to	rheumatoid, dermoid
o-RRHAPHY	refashion and stabilize	herniorrhaphy, perineorrhaphy
o-SCOPY	look inside of (through a "scope")	cystoscopy, bronchoscopy endoscope
o-STOMY	cut into, leaving a "STOMA" (mouth) or opening	colostomy, tracheostomy
o-PATHY	diseased condition	adenopathy, arthropathy
o-PEXY	secure (surgically)	nephropexy, orchiopexy
o-PLASTY	reshape (surgically)	rhinoplasty, thoracoplasty
o-PTOSIS	dropping down	blepharoptosis, nephroptosis
OMA	tumor, swelling	sarcoma, osteoma
SPASM	involuntary contraction	bronchospasm, pylorospasm
OSIS	condition	lymphocytosis, nephrosis
o-LOGY	study or science of	radiology, pathology
o-GRAM	record of	urogram, electrocardiogram
o-GRAPH	the means used in making the record	radiography, electrocardiography
o-TOMY	cut into	cystotomy, craniotomy
URIA	pertaining to urine	polyuria, hematuria
THERAPY	treatment	physiotherapy, heliotherapy

Source: Stegeman, Wilson. Medical Terms Simplified. St. Paul: West Publ. Co., 1976.

HEALTH CARE ADMINISTRATORS
COMMUNICABLE DISEASE
UNIT II

TRANSPARENCY MASTER #5

PUBLIC RELATIONS PROCEDURE


external research
5
1
internal research
2
integration with policy
3
preparation of the message
4
communication
PUBLIC RELATIONS PROCEDURE
PLATFORM OF POLICY

In the light of the effect indicated by external research, there is always the constant likelihood that more internal research will be needed, and thus the circle continues. A circle never ends, nor does the public relations of a living organization.

This simple diagram should make it clear that public relations cannot be equated with communications, which forms part, but not all, of the process.

Source: Stephenson, Howard (ed.) Handbook of Public Relations. New York: McGraw-Hill, 1971, p. 19.

HEALTH CARE ADMINISTRATORS
COMMUNICABLE DISEASE
UNIT II

ASSIGNMENT SHEET #1

Take this self-quiz and evaluate your communication effectiveness:

In carrying out communication, do you:

	Yes	No	Don't know
1. Determine the precise purposes of the communication; do you have something to say?			
2. Include your objectives in your message; no bias or prejudice is included?			
3. Evaluate the types and amount of information required to reach your objective?			
4. Give your communication clarity; is it briefly and simply stated?			
5. Select the words and language needed to meet requirements of the situation and the receiver?			
6. Employ gestures, drawings, and visual effects to aid in conveying your message?			
7. Encourage feedback so that truly two-way communication is present?			
8. Make it easy for the receiver to ask questions?			
9. Create the correct mood, attitude, and impression for the reaction you want?			
10. Strive to understand what the receiver's reply really meant?			
11. Listen and "hear the receiver out," even though you anticipate what will be said. Did you cut the discussion short assuming the receiver would say or do the right thing?			
12. Provide the receiver a definite course, action, or belief to follow as a result of the communication?			
13. Find yourself falling asleep when listening to a speech, even though you're sitting upright and paying attention?			

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ASSIGNMENT SHEET #1 (continued)

	Yes	No	Don't know
14. Find that you get quickly bored and lose interest when a person talks in a dull voice or in an unfamiliar accent?	______	______	______
15. Listen only for facts?	______	______	______
16. Let your mind wander and daydream when you should be listening?	______	______	______
17. Read things that are easy to read and avoid difficult readings; "turn off" television programs or speakers who are "over your head?"	______	______	______
18. When listening to someone make a presentation, make an outline (either in your head or by taking notes)?	______	______	______

Source: Preston, Paul. Management for Supervisors. Englewood Cliffs: Prentice-Hall, 1978.

HEALTH CARE ADMINISTRATORS
COMMUNICABLE DISEASE
UNIT II

ASSIGNMENT SHEET #2

Communication Case Studies

1. THE LETTER

As administrator of the ABC Nursing Home, you have been confronted by some behavior and leadership problems with your new Director of Nursing Service. She has been on the job approximately three months and you have had several meetings with her. You have now decided to put some of your thoughts in writing. Following is a letter that you have written to her.

Dear Mrs. Jones:

You have mentioned to me that you have been having a difficult time getting your employees to work together as a team. You also mentioned that you have felt frustrated because administration hasn't acted on your suggestions and backed you up. The purpose of this letter is to strongly suggest that you look to yourself as a source of these problems, rather than the administration. It is important that you avoid complaining about things that aren't being done for you, and start doing things on your own. Don't always look to others as the source of your problems. Working with people is a difficult challenge, and the upper management must indicate its strength so that a system of sound leadership will permeate the entire organization. You have to stand or fall on your own. You cannot expect to have your administrator settle all the problems that arise. You have to develop faith and confidence in yourself and learn to work with your peers and the personnel within your department. If your problems persist, it will be necessary to replace you.

A. What might Mrs. Jones do after having received this letter?

B. How will she feel about this letter and how will she interpret it? What was communicated?

C. Do you think the administrator will be surprised at the result that this letter has on Mrs. Jones?

D. What other way could the administrator have communicated with Mrs. Jones?

2. DIRECT COMMUNICATION*

At 4:45 p.m. on Friday, Mary Hite, an employee in the Business Office, walked into the office of Henry Staffs, Business Office Manager, and asked to see him privately. Ms. Hite told Mr. Staffs that she had been elected by the other employees of the Business Office to speak on their behalf about

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*Adapted from: Beaufort B. Longest, Jr. in *Business Management of Health Care Providers*. Chicago: Hospital Financial Management Association, 1975. Used by permission of the publisher.

HEALTH CARE ADMINISTRATORS
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UNIT II

ASSIGNMENT SHEET #2 (continued)

practices that they wished modified or eliminated. One practice concerned the employee evaluation system, which the employees thought was unfair, poorly executed, and used as an excuse for not paying higher salaries. A second practice not accepted well was the arbitrary way in which management determined employee vacation time. Ms. Hite said that one employee was given two days' notice before he received his first week of vacation and five days' notice before his second week. Mr. Staffs listened attentively and told Ms. Hite that since it was so late in the day, he would consider these requests the first part of the next week. During the following week, Ms. Hite noticed that Mr. Staffs was out of town and that no action had been taken concerning her remarks. However, her fellow employees tended to treat her like a heroine for representing them before Mr. Staffs.

When she picked up her check the next Friday afternoon, Ms. Hite was shocked to find a discharge notice and two weeks severance pay in the envelope.

A. What should Mr. Staffs have done when Ms. Hite came to see him?

B. What message did Mr. Staffs communicate to Ms. Hite and the other employees? How did he communicate it?

C. What will be the outcome of the action he took?

D. Is there any way that Mr. Staffs can improve communication in the Business Office?

Source: Rakich, Jonathon S. Managing Health Care Organizations. Philadelphia: W. B. Saunders, 1977.

HEALTH CARE ADMINISTRATORS
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UNIT II

ASSIGNMENT SHEET #3

Meeting Evaluation

Select a meeting you want to evaluate. Circle the number on the scale you believe best expresses the typical level of that behavior or characteristic. You may want to survey the entire meeting group, or only the leader, or a couple of other participants.

To establish your own meeting model, you can place another symbol -- a check mark, perhaps -- at the number on each item as you believe it should be to best fulfill the meeting needs of your group.

Meeting Characteristics and Behaviors

1. Goals

0	1	2	3	4	5
None set; irrelevant or trivial items only					Well-defined, clear, sharpened by the group

2. Roles of Participants

0	1	2	3	4	5
Not known what to contribute, extent of involvement					Meeting output known, limits known

3. Value of Meeting in Reaching Goals

0	1	2	3	4	5
Goals best achieved outside of a meeting					This meeting and this group best for purpose

4. Priorities Set

0	1	2	3	4	5
None set; all have equal weight					Clear delineation of relative importance

5. Sense of Time

0	1	2	3	4	5
Much time wasted on trivia					Best time-fit between group focus and issue needs

HEALTH CARE ADMINISTRATORS
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UNIT II

ASSIGNMENT SHEET #3 (continued)

6. Straight Talk

0 1 2 3 4 5

Much fuzzy talk,
undefined motives

Issues set up; positions
and wants clearly stated

7. Closure of Topics

0 1 2 3 4 5

Topics end, but decisions
and action left unstated

All debate ends with a conclusion,
decision, or assignment

8. Leadership Assumed

0 1 2 3 4 5

Left in the air, with goals
and roles not in focus

Leader or led assume
as needed

9. Participant Commitment

0 1 2 3 4 5

Each marks time, stays aloof,
protects self-interest only

Each supports group
effort, accepts decisions

10. Participant Utilization

0 1 2 3 4 5

Some dominate continually;
quiet ones not tapped

Each shares skill and
insight as appropriate

11. Procedures and Rules

0 1 2 3 4 5

Many applied to excess, with
high need to control behavior

A few used to set boundaries,
keep on track

12. A Setting for Human Habitation

0 1 2 3 4 5

Uncomfortable, "cold" environment;
distracting, dull setting

Basic air, heat, comfort needs met;
seating arrangement facilitates contact

Source: Dunsing, Richard J. You and I Have Simply Got to Stop Meeting This Way. AMACOM, 1977.

HEALTH CARE ADMINISTRATORS
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ASSIGNMENT SHEET #4

Recruiting Volunteers

In the space below, outline a speech or a printed announcement you might use to recruit volunteers for your organization.

HEALTH CARE ADMINISTRATORS
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UNIT II

REVIEW SHEET

Check what you have learned about communications, peer skills, medical terminology, conducting a meeting, and public relations by completing the review sheet below. Then check your answers with the information sheet materials. If you get all twelve items right, you're doing a terrific job! Ten right is good; eight right is fair; and if you get six or less right, you need some review on the principles.

1. Match the following terms and their definitions:

______ A. Communication	1. The management function which evaluates public attitudes, identifies the policies and procedures of the organization with the public interest, and executes a program of action to earn public understanding and acceptance.
______ B. Public relations	2. The transmission and reception of a message that travels between two or more persons.

2. List three forms of communication and advantages and disadvantages of both oral and written communications.

forms:

a.

b.

c.

advantages and disadvantages:

a.

b.

c.

d.

3. Diagram the communication process.

4. Discuss barriers to communication, listing seven specific barriers.

   a.

   b.

   c.

   d.

   e.

   f.

   g.

5. Discuss seven suggestions for improving organizational communications.

   a.

   b.

   c.

   d.

   e.

   f.

   g.

6. Discuss the skill of listening, listing three tips for increasing listening ability.

   a.

   b.

   c.

7. List four points in the improvement of peer relationships.

   a.

   b.

   c.

   d.

8. Name the key to understanding medical terminology.

9. Discuss the two major aspects of conducting a meeting skillfully.

   a.

   b.

10. Diagram the public relations procedure.

11. Discuss seven community education techniques.

a.

b.

c.

d.

e.

f.

g.

12. Discuss the recruiting and use of volunteers, specifically two benefits of using volunteers and two recruiting techniques.

benefits:

a.

b.

recruiting:

a.

b.

HEALTH CARE ADMINISTRATORS
DIAGNOSIS
UNIT III

UNIT OBJECTIVES

This unit will give the health care administrator an opportunity to increase management skills in regard to recruiting and hiring employees, labor laws applying to health care, job descriptions and evaluation of employees, and motivation. In studying the five topics, specific techniques for each will be presented as well as opportunities to participate in actual practice activities.

SPECIFIC OBJECTIVES

Upon completion of this unit, the participant should be able to:

1. Match the following terms and their definitions: job description, motivation, performance appraisal.
2. Discuss recruiting personnel, especially five expectations employees have and three steps involved in the recruiting process.
3. List the four questions on which effective hiring practices are based and the four hiring tools.
4. Discuss seven rules of interviewing and six major areas to be covered in the interview.
5. List six aspects of labor legislation which affect health care institutions.
6. Discuss job descriptions, particularly five uses of job description information, seven items the job description should contain, and seven guidelines for writing job descriptions.
7. Discuss the five purposes of performance appraisal and six steps to be taken in conducting performance appraisals.
8. Compare and contrast the motivation theories of Maslow and Herzberg.
9. Discuss the four factors affecting motivation.
10. List seven motivational devices managers may use.

HEALTH CARE ADMINISTRATORS
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SUGGESTED ACTIVITIES

I. Instructor:

- A. Provide participants with objective sheet.
- B. Provide participants with information and assignment sheets.
- C. Discuss unit and specific objectives.
- D. Discuss information and assignment sheets.
- E. Discuss review sheets.

II. Participant:

- A. Read objectives.
- B. Study information sheets.
- C. Complete assignment sheets.
- D. Check that you can achieve each specific learning objective.
- E. Complete and check review sheets.

INSTRUCTIONAL MATERIALS

I. Included in this unit:

- A. Objectives
- B. Information sheets
- C. Transparency masters:
    1. Summary of a selection procedure
    2. Interviewing procedure
    3. Job specifications
    4. Job description
    5. Steps in performance appraisal
    6. Performance standards
    7. Maslow's hierarchy of needs
    8. Herzberg's motivation theory
    9. Maslow - Herzberg comparison
    10. Supervisors/workers ratings of job conditions
    11. Motivational devices
- D. Assignment sheets:
    1. Hiring case study
    2. Job description and performance appraisal
    3. Motivation case study
- E. Review sheets

II. References:

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M. Loen, Raymond O. Manage More by Doing Less. New York: McGraw-Hill, 1971. (D)

N. Longest, Beaufort B., Jr. Management Practices for the Health Professional. Reston: Reston Publishing Co., 1976. (A,B,D)

O. Pigors, Paul and Charles A. Myers. Personnel Administration. 6th ed. New York: McGraw-Hill, 1969. (A,C)

P. Preston, Paul. Management for Supervisors. Englewood Cliffs: Prentice-Hall, 1978. (D)

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R. Rogers, Wesley W. General Administration in the Nursing Home. 2nd ed. Boston: Cahners Books, 1976. (D)

S. Steinmetz, Lawrence L. and H. Ralph Todd, Jr. First-Line Management. Dallas: Business Pub., 1975. (D)

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REFERENCE CODE:

A--recruiting and hiring
B--labor laws
C--job descriptions and evaluation
D--motivation

HEALTH CARE ADMINISTRATORS
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INFORMATION SHEET

I. **Terms and definitions:**

   A. Job description--A word picture, in writing, of the organizational relationships, responsibilities, and specific duties that constitute a given job or position.
   B. Motivation--The act of stimulating someone to take a desired course of action.
   C. Performance appraisal--A management control designed to provide a report of how well individuals are performing to standards.

II. Personnel turnover is costly, not only in dollars, but also in efficiency. Therefore, recruitment and effective hiring processes are most important.

   A. Employees have increasingly high job expectations:

      1. Employees want to use their highest abilities and enjoy a sense of accomplishment on their jobs.
      2. Employees want to achieve things of which they can be proud.
      3. Employees expect to be treated as individuals.
      4. Employees want credit for work accomplished when they deserve it.
      5. Employees expect a sense of belonging to an acceptable group and of feeling important.
      6. Employees prefer supervisors whom they respect and trust.

   B. Recruiting personnel involves the following process:

      1. Assess manpower needs, both short and long term. Arrive at job descriptions and position specifications.
      2. Organize a regular recruitment campaign, bearing in mind that the principles of selection involve having a large number of recruits from which to pick the most suitable applicants. Carefully evaluate the "selling points" of your organization and use them in recruitment efforts.
      3. Tap all sources of recruitment. Manpower sources include:

         a. Present employees; a good steady worker often has friends of similar character and capacity and a satisfied employee is your best recommendation.
         b. Former employees who left of their own accord; they can either be rehired or may be able to refer other people to you.
         c. Chance applicants; have potential applicants fill out application blanks or at least leave names and addresses, even if you do not have an opening at the moment.
         d. Schools and teachers may be able to supply names of recent graduates and provide recommendations as to their capabilities.

  - e. Clergymen also may know of newcomers to the area who may be potential employees.
  - f. Employment agencies.
  - g. Advertising in the press; probably the most fruitful and most commonly used method; the "open" ad listing the name and address of your organization yields more applicants and can also be a general source of good publicity; the "blind" ad with only a box number enables you to advertise without the knowledge of your employees and eliminates the need to interview all applicants. However, all applicants should be informed that the vacancy has been filled.

III. Hiring employees:

A. Effective hiring practices are based on answers to questions such as:

1. What are the requirements of the jobs to be filled?
2. What kinds of and how much personnel is needed?
3. From what sources may the required personnel be found?
4. What procedures should be used to select candidates for employment?

B. The hiring process may include use of these tools: (transparency)

1. The application blank--should be brief and should contain only items that, according to company experience, are correlated with job success; such as:
    - a. Physical specifications; e.g., "must be able to lift 100 lbs." (may be determined by height, weight, physical problems questions).
    - b. Mental specifications; e.g., "ability to read electrical circuits" (may be determined by education and/or previous experience questions).
    - c. Emotional, behavioral, and social specifications; e.g., "must be able to handle customer complaints."
2. Employment tests--considerations for using tests include:
    - a. Cost.
    - b. Time--short tests are generally preferred, to avoid boredom and fatigue.
    - c. Validity--does the test actually measure what it is supposed to measure?
    - d. Ease of administration and scoring.
3. Checking references--questions to ask include:
    - a. When did the person start with the company and when did s/he leave?
    - b. What were the specific job duties of the person?
    - c. What is your rating of the job performance of the person in terms of volume and quality of work?
    - d. Did the person have any promotions or demotions during the work period?
    - e. What did you find was the most effective way of motivating this person?

4. Personal interviews.

IV. The purpose of the interview is to determine the degree to which the applicant possesses desired qualities and to select the candidate who will best advance the organization's objectives. (transparency)

A. Some rules of interviewing:

1. Use a comfortable, quiet setting where interruptions are unlikely.
2. Clearly establish the objectives of the interview before beginning.
3. Respect the interests and individuality of the interviewee. Be sensitive to his/her feelings; do not use trick questions or assume an attitude of superiority.
4. Make the interviewee feel at ease.
5. Encourage the interviewee to talk freely.
6. Listen carefully and try to determine the interviewee's meaning.
7. Don't be "turned off" by certain words.
8. Close the interview diplomatically. Give a decision, if possible, or indicate next steps to be taken by candidate.

B. Major areas to be covered in the interview:

1. Tell me about your work history; how you got the jobs, the kinds of work you did and your reasons for leaving.
2. What is most important to you in a job? What do you care least about in a job?
3. What experience during your school days stood out as meaning the most to you?
4. What do you believe to be your strong points as a person?
5. What position do you want to hold ten years from now?
6. Why should we hire you?

V. Labor legislation affecting health care institutions includes:

A. Settlement of labor disputes--laws regarding unfair union practices including the Wagner Act of 1935, the Taft-Hartley Act of 1947, and the Landrum-Griffin Act of 1959.

1. Until 1974, non-profit hospitals were excluded from the National Labor Relations Act.
2. The 1974 amendment does make special provisions in the areas of contract notices, notification preceding a strike, conciliation of labor disputes, and individuals with religious convictions.

B. Fair employment practices--1964 Civil Rights Act, Equal Employment Opportunity Commission (EEO), Affirmative Action, handicapped employees' legislation.

C. Regulation of wages, hours, and working conditions--Fair Labor Standards Act of 1938, dealing specifically with minimum hourly wages and time-and-a-half for overtime work (employees of retail stores and service establishments with annual gross sales volume of less than $250,000 are not covered).

D. Protective legislation for women and children--the Fair Labor Standards Act and conditions of equal pay for equal work and equal opportunity for women.

E. Economic security legislation--primarily Social Security and unemployment laws; designed to:

   1. Minimize losses an employee might sustain from industrial accidents, occupational diseases, and involuntary unemployment.
   2. Provide hospital and medical care for the employee.
   3. Furnish some income to the employee after his/her retirement.

F. Occupational Safety and Health Act of 1970 (OSHA)--general duty of employer to furnish places of employemnt free from recognized hazards likely to cause death or serious physical harm.

VI. Job descriptions are one very important component of successful personnel management.

A. Uses of job description information:

   1. Hiring. A job description provides the standards against which a job applicant can be evaluated; the job specifications. (transparency)
   2. Training. Description of duties and equipment used form the basis for training information.
   3. Performance appraisal. Instead of rating an employee on personal characteristics, evaluation can be based on attainment of job goals as indicated by the job description.
   4. Promotion and transfer. The job description charts the routes of promotion by identifying lines of responsibility.
   5. Labor relations. A written record of the standard job function is valuable in resolving labor disputes.

B. A job description should contain: (transparency)

   1. Job title.
   2. Location of job by department.
   3. Purpose of job.
   4. Relationship of job to other jobs, supervision given and received.
   5. Degree of responsibility. (Such factors as education, experience, and judgment necessary for the proper performance of job should be noted).
   6. Job duties. (In addition to listing, classify duties as regular, periodic, infrequent, or occasional).
   7. Working conditions. (If they require unusual safety precautions; if they are unpleasant, uncomfortable or difficult, these facts should be listed).
   8. Machinery or equipment operated. (Job description should describe skills required).

C. Guidelines for writing a job description:

   1. Analyze the job carefully to obtain all pertinent job facts.

2. Be clear and use nontechnical language whenever possible. A good job description explains the objectives, duties and responsibilities of a job so precisely that they are readily understandable to both employee and management.
3. Avoid the narrative form. Simply list the important details; don't tell a story.
4. Refer to job titles rather than people. For example, "Reports to Director of Personnel" instead of "Reports to Joe Smith."
5. Describe the job thoroughly but remember that the length of a job description doesn't increase the importance of the job. Be concise, yet complete.
6. Stress what a jobholder does instead of attempting to explain a procedure that must be used. For example, "Records appointments" instead of "A record of appointments must be kept in a date book."
7. Avoid fuzzy language. An expression like "handles outside contacts" might apply to a sales manager or a receptionist. Be precise in defining responsibility.

VII. Evaluation of employees can be best accomplished by use of a performance appraisal approach.

A. Purposes of performance appraisal:

1. Improvement of performance. Points up areas of performance slippage and provides climate for planning improvements.
2. Basis for personnel action. Frequently tied to promotion, demotion, transfer, and salary increases.
3. Determining training needs. Spots patterns of problems which may influence future training areas.
4. Improving supervisor-employee communication. Sets a definite time and format for discussing employee progress.
5. Feedback on standards and supervision. Employee should be given opportunity to comment on expected performance, supervisory assistance, etc.

B. Steps to be taken in conducting performance appraisals: (transparency)

1. Prepare performance requirements in connection with the job description. Determine what and how well the employee is expected to do. (transparency)
2. Discuss the performance requirements with the employee. Be sure s/he understands what is expected of him/her and believes s/he can do it. If necessary, adjust the requirements.
3. Observe what the employee does on the job.
4. Evaluate the employee's performance against the requirements. Be objective; do not judge on personal characteristics or other criteria which are not essential to the performance requirements. Be specific about what was expected and how close the employee has come to meeting those expectations.
5. Discuss the evaluation with the employee. Give adequate credit for what s/he has accomplished as well as reviewing those things which have not been accomplished. Emphasize where improvement is needed and why it is needed.
6. Take appropriate action. Be specific about targets to be met in the period ahead and how they can be achieved.

VIII. Theories of motivation:

A. Maslow's hierarchy of human needs illustrates that people are motivated by a desire to satisfy primary needs, first of all; then, when basic needs are met, motivation comes from satisfaction of higher-level needs. The hierarchy includes: (transparency)

1. Physiological needs--the biological basics of food, shelter, rest, other physical necessities; for most workers, the paycheck enables the individual to purchase necessities.
2. Safety needs--protection against danger and threat from the uncertainties of life; group insurance plans, for example, help offer security.
3. Social needs--being part of a group, accepted and respected by peers.
4. Esteem needs--self-respect, recognition, achievement, status, and a sense of accomplishment which may be satisfied by meaningful work experiences.
5. Self-realization--the need for fulfillment of basic capabilities and potentialities, for being fully creative and fully occupied in doing a chosen task to the limit of capacity.

B. Herzberg's motivation-hygiene theory states that some aspects of the work situation (hygiene factors) merely keep employees from being dissatisfied rather than stimulating greater employee effort. Other factors (motivators) do create a supportive climate that encourages employee productivity and satisfaction. (transparency)

1. Hygiene factors:

   a. Working conditions.
   b. Money, status, security.
   c. Interpersonal relationships
   d. Supervision (technical competence of boss).
   e. Company policies and administration.

2. Motivators:

   a. Recognition, achievement.
   b. Money (in some situations and to a certain degree only).
   c. Challenging work.
   d. Responsibility for work.
   e. Opportunity for growth and advancement.

C. Maslow's theory and Herzberg's theory are complementary. (transparency)

IX. Factors affecting motivation:

A. The person doing the motivating. Dynamic personality is often considered a positive force in motivating others, but greater emphasis should be placed on ability to identify and sincere desire to satisfy the other's needs.
B. The persons being motivated. Such individual factors as education, age, marital status, financial status, health, beliefs, etc., affect the potential for motivation within a person. No one is an average person.

C. The devices of motivation. Whether financial or nonfinancial, abstract or concrete, immediate or future, motivators must be carefully chosen and used. Employees and supervisors may not place the same value on particular motivators. (transparency)

D. The environment. Company history, management attitudes, and community economic conditions are all examples of environmental factors that affect motivation.

X. Some effective motivational devices managers may use: (transparency)

A. Job enrichment--making work more interesting by expanding the scope of the job, adding variety of responsibilities, challenge, and a sense of accomplishment.

B. Management by objectives--employee determination of individual work goals and means of achieving those goals.

C. Job rotation--movement of personnel from one job assignment to another on a regular, orderly basis to increase work experiences and interest.

D. Participation--building employee pride and teamwork through management seeking advice, suggestions, and information from employees concerning ways in which work should be performed and problems should be solved.

E. Positive criticism--giving specific suggestions for improvement in a positive, supportive format.

F. Rewards and personal recognition given on the basis of performance.

G. Personal loyalty demonstrated by management for employees.

H. Communication--full information given to employees of company plans and open reception of employee grievances, problems, and concerns.

I. Elimination of dissatisfiers such as inequitable pay, unsatisfactory physical environment working conditions, etc.

HEALTH CARE ADMINISTRATORS
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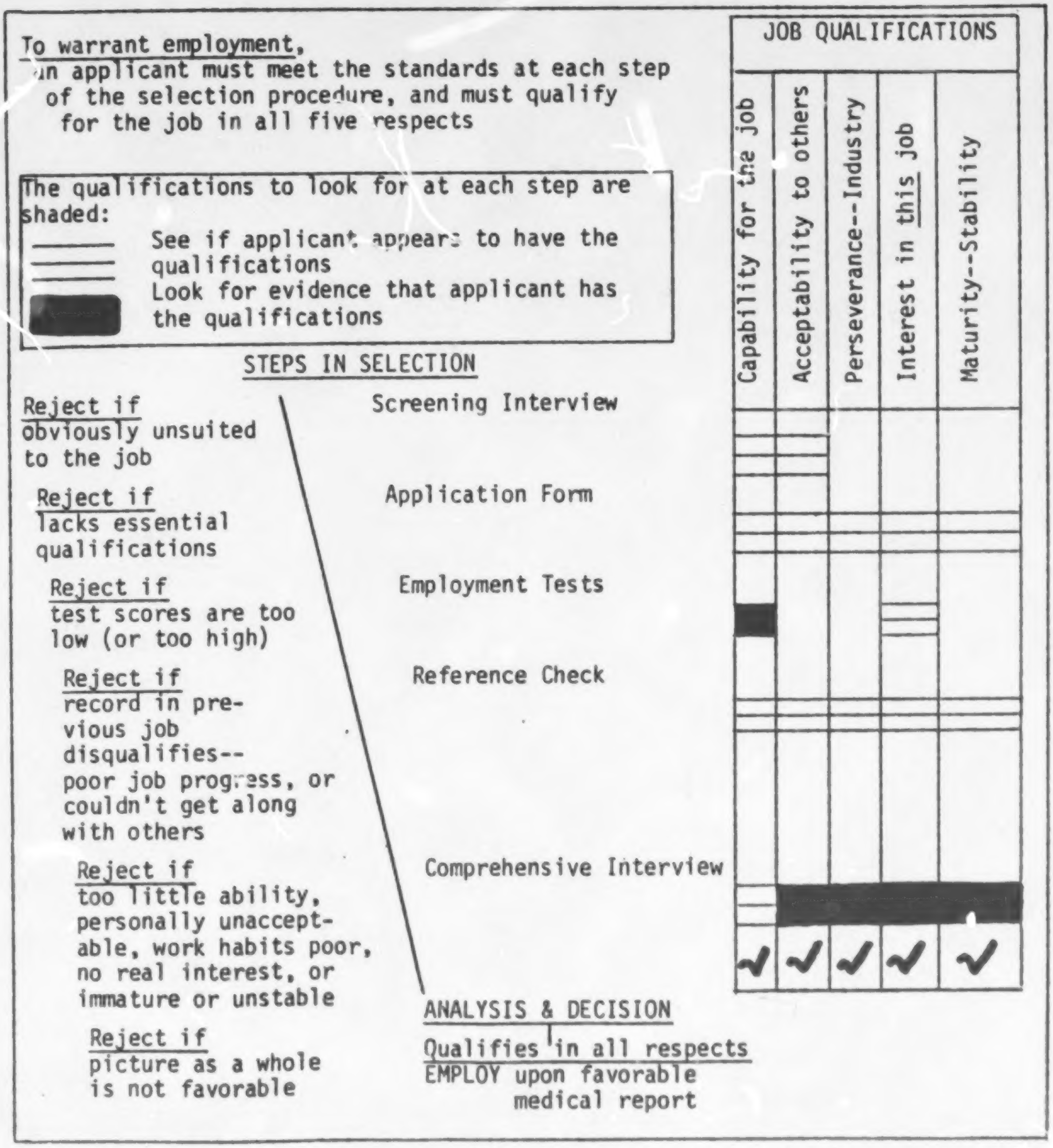
TRANSPARENCY MASTER #1

SUMMARY OF A SELECTION PROCEDURE



To warrant employment, an applicant must meet the standards at each step of the selection procedure, and must qualify for the job in all five respects

The qualifications to look for at each step are shaded:

▤ See if applicant appears to have the qualifications

■ Look for evidence that applicant has the qualifications

STEPS IN SELECTION

	JOB QUALIFICATIONS				
	Capability for the job	Acceptability to others	Perseverance--Industry	Interest in this job	Maturity--Stability
Screening Interview	▤	▤			
Application Form	▤	▤	▤	▤	▤
Employment Tests	■			▤	
Reference Check	▤	▤	▤	▤	▤
Comprehensive Interview	▤	■	■	■	■
	✓	✓	✓	✓	✓

Reject if obviously unsuited to the job

Reject if lacks essential qualifications

Reject if test scores are too low (or too high)

Reject if record in previous job disqualifies--poor job progress, or couldn't get along with others

Reject if too little ability, personally unacceptable, work habits poor, no real interest, or immature or unstable

Reject if picture as a whole is not favorable

ANALYSIS & DECISION

Qualifies in all respects
EMPLOY upon favorable medical report

Source: Adapted from Milton M. Mandell, The Employment Interview, Research St no. 47 (New York: American Management Association). in Michael J. Jucius, Personnel Management, 8th ed. Homewood: Richard D. Irwin, Inc., 1975, p. 124.

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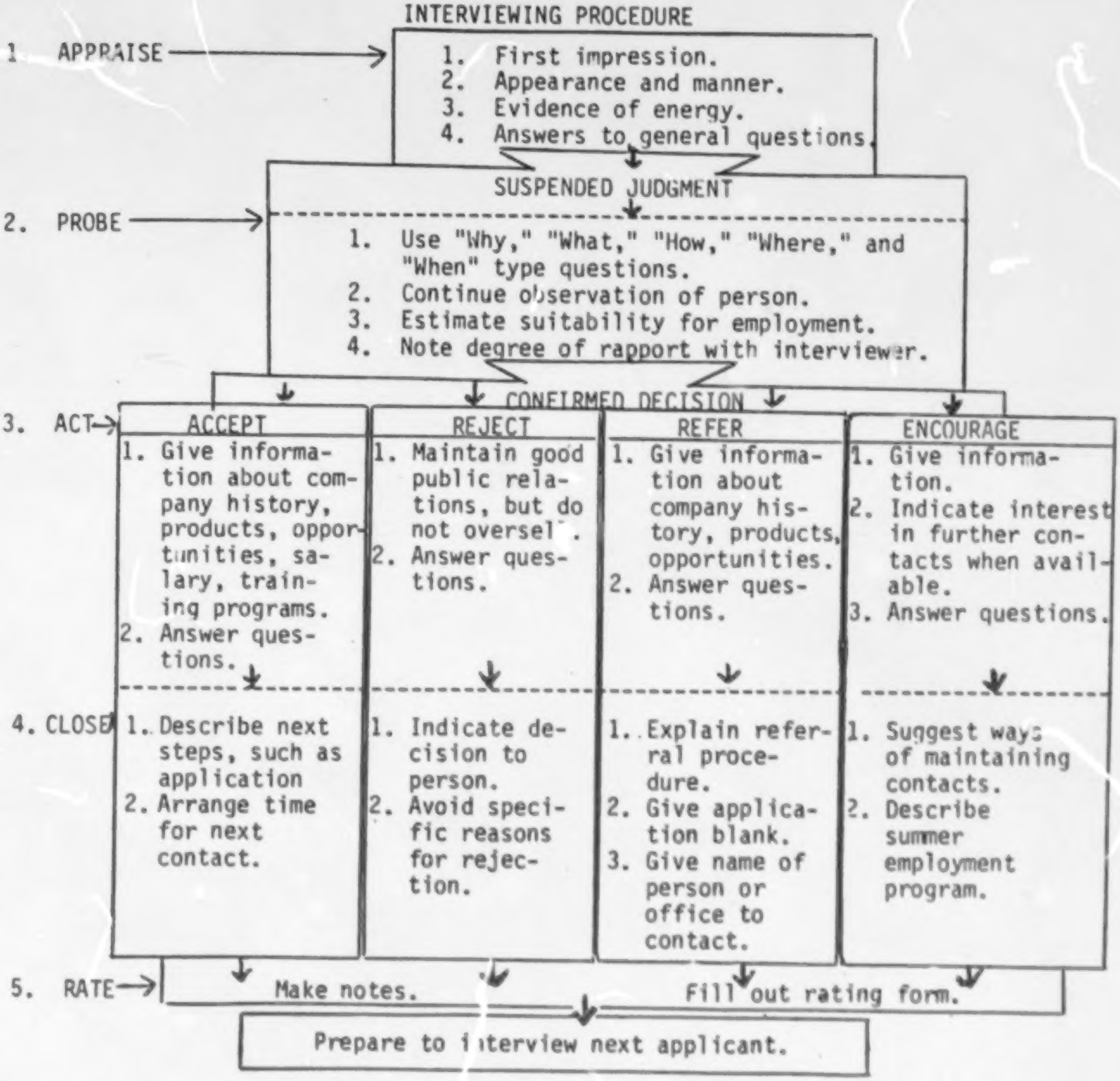
TRANSPARENCY MASTER #2



INTERVIEWING PROCEDURE

1 APPRAISE →

1. First impression.
2. Appearance and manner.
3. Evidence of energy.
4. Answers to general questions.

SUSPENDED JUDGMENT

2. PROBE →

1. Use "Why," "What," "How," "Where," and "When" type questions.
2. Continue observation of person.
3. Estimate suitability for employment.
4. Note degree of rapport with interviewer.

CONFIRMED DECISION

	ACCEPT	REJECT	REFER	ENCOURAGE
3. ACT →	1. Give information about company history, products, opportunities, salary, training programs. 2. Answer questions.	1. Maintain good public relations, but do not oversell. 2. Answer questions.	1. Give information about company history, products, opportunities. 2. Answer questions.	1. Give information. 2. Indicate interest in further contacts when available. 3. Answer questions.
4. CLOSE	1. Describe next steps, such as application 2. Arrange time for next contact.	1. Indicate decision to person. 2. Avoid specific reasons for rejection.	1. Explain referral procedure. 2. Give application blank. 3. Give name of person or office to contact.	1. Suggest ways of maintaining contacts. 2. Describe summer employment program.

5. RATE → Make notes. Fill out rating form.

Prepare to interview next applicant.

Source: Michael J. Jucius, Personnel Management. 8th ed. Homewood: Richard D. Irwin, Inc., 1975, p. 154.

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TRANSPARENCY MASTER #3

JOB SPECIFICATIONS FOR NURSE AIDE

(The Person to Fill the Job)

AGE RANGE: 18 or older.

EDUCATION: High school graduation or equivalent recommended.

EXPERIENCE: Previous experience desired but not mandatory.

SPECIAL TRAINING, KNOWLEDGE OR SKILLS: Reading, writing.

PHYSICAL REQUIREMENTS (standing, lifting, walking, reaching, etc.): Good physical and mental health. (Pre-employment physical is done by staff physician).

SPECIAL REQUIREMENTS (tact, judgment, initiative, etc.): References: Personal and previous employment. Sincere desire to care for the sick.

PROFESSIONAL OR CRAFT AFFILIATION, LICENSE, ETC.: None.

OTHER: N/A.

Source: Mount Carmel Mercy Hospital and Medical Center, Detroit, Michigan. (Used by permission).

in Rakich, Jonathon S. Managing Health Care Organizations. Philadelphia: W. B. Saunders, Co., 1977.

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TRANSPARENCY MASTER #4

Date: ____________________

Job Title: ________________________________ Code Number: ______________

Department: ________________________________ Sub-Division of Sec.: ______

Work Location: ____________________________ Shift: ____________________

Scheduling Details (Days on or off, etc.): ______________________________

JOB DESCRIPTION (The Job Itself)

Job Summary (1 or 2 sentences to identify the job) is responsible for performing specific basic nursing duties with the supervision of a registered nurse and after attending a required three-week orientation program. As a member of the nursing team, she assists in recognizing the personal needs of the patient. She cares for the assigned patients, their rooms, the work-rooms, and nursing equipment.

Tasks and Duties (Start with major responsibilities and proceed to minor ones).

A. Is responsible for patient care as assigned.

1. Receives report from Team Leader or Charge or Head Nurse on her patients.
2. Assists patients with trays and feeding.
3. Writes out assignment on Daily Sheet.
4. Organizes the work for the shift. (Decides which patients or treatments need to be done first and which later).
5. Reports to Team Leader or Charge or Head Nurse.
   On the assigned care given.
   If there is a change in patient's condition or any special observations.
   On leaving and returning to the floor.
   Toward the end of the shift for the day.

6. Carries out the nursing care and duties.
   IS PREPARED TO DO THE FOLLOWING:
   Answer signal lights.
   Arrange patients' bedside units. (See that all equipment is clean).
   Make beds--unoccupied, occupied, and anesthetic.
   Strip beds for baths or discharges.
   Prepare patients for meals.
   Assist in serving and removing meal trays.
   Feed patients as necessary.
   Place soiled linen in laundry bags and deposit same in laundry chute.
   Give oral hygiene to patients and care for patients' dentures.
   Give baths: complete, partial, tub, shower, and Sitz.
   Give back rubs.
   Give and remove bed pan or urinal.

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TRANSPARENCY MASTER #4 (continued)

Obtain specimens: Urine, stool, and sputum.
Strain urine for stones and examine A.C. urine specimens for sugar.
Measure Intake and Output.
Empty Foley bags and Wagensteen bottles.
Give routine H.S. (Evening care).
Assist patient to move and accompany to another department.
Sit at bedside of restless patient.
Admit and discharge (by wheelchair) patients.
Assist with a physical examination.
Care for the body after death.
Apply binders, breast, abdominal, and scultetus.
Apply Ace bandages and T.E.D. stockings.
Comb, brush and wash hair.
Take temperature (oral and rectal), pulse, and respirations.
Give enemas, S.S. Fleets and oil.
Apply ice collars with supervision.
Do peri-care.
Dress newborns for discharge.
Assist patients on bedside commode.
Weigh patients.
Apply pelvic or cervical traction when muscular traction is ordered.
Clean utility room, linen room, C.S.R. cart, treatment room, etc.
Care for patients in Isolation as assigned.

7. Attends and participates in Team Conferences.

B. Attends In-Service programs and assists in orientation of new personnel as required.
C. Familiarizes herself with her job description.
D. Treats information about patients as confidential.
E. Performs other duties as assigned.

Equipment used: None

Responsibility for Money, Securities, Valuables: None

Responsibility for Supervising and/or Training Others: None

Source: Mount Carmel Mercy Hospital and Medical Center, Detroit, Michigan. (Used by permission).

in Rakich, Jonathon S. Managing Health Care Organizations. Philadelphia: W. B. Saunders, Co., 1977.

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TRANSPARENCY MASTER #5

WHAT ARE THE STEPS?

Here is Mr. Common Sense to show you the six basic steps in performance evaluation:

6 Take appropriate action.

5 Discuss the evaluation with the employee.

4 Evaluate his performance against the requirements.

3 Observe what he is doing.

2 Discuss the performance requirements with the employee and adjust them as needed.

1 Prepare performance requirements. In other words, how well you expect the employee to do his duties.

Source: Common Sense About Evaluating and Recognizing Performance, VA Pamphlet 05-29, Revised (Washington, D.C.: U.S. Government Printing Office, 1966), p. 7.

in Herbert J. Chruden and Arthur W. Sherman, Jr. Personnel Management. 5th ed. Cincinnati: South-Western Publishing Co., 1976, p. 222.

HEALTH CARE ADMINISTRATORS
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TRANSPARENCY MASTER #6

PERFORMANCE STANDARDS--STENOGRAPHER-TYPIST AND FILE CLERK

		Hours	Minutes	%
1.	Total Hours Paid for: (Daily)	8	480	100
	Total Hours Allowance: (Daily)	1	60	12.5
	Total Net Productive Hours: (Daily)	7	420	87.5

LINES

2. 30 Lines per Letter: Dictated and Transcribed
30 Lines per Letter: Straight Copy

LETTERS

3 Production (net production time) - in Seven (7) Hours, or 420 Minutes:
Dictated and Transcribed Letters (30 lines each) = 10-1/2 letters, or
Straight Copy Work (30 lines each) = 21 letters

TIME STUDY ANALYSIS

4. Fifteen (15) Minutes Average Dictation Time for 30-Line Letter
Twenty-Five (25) Minutes Average Transcription Time for 30-Line Letter
Twenty (20) Minutes Average Copy Time for 30-Line Letter

AVERAGE DAILY TIME

5. Net Production Time: Seven (7) Hours, or 420 Minutes:
Minutes per Dictated Letter (40) = 10-1/2 - 30-Line Letters in Seven (7) Hours
Minutes per Copied Letter (20) = 21 - 30-Line Letters in Seven (7) Hours

FILING

6. (a) Fifty (50) Units of Mail per Hour using a numerical file system is the average and includes General File upkeep.
(b) One hundred fifty (150) Units of Mail per Hour, filing alphabetically, is the average and includes General File upkeep.

Production standards are based on surveys of stenographic work and represent actual production of stenographers having average ability.

Source: Michael J. Jucius, Personnel Management, 8th ed. Homewood: Richard D. Irwin, Inc., 1975, p. 94.

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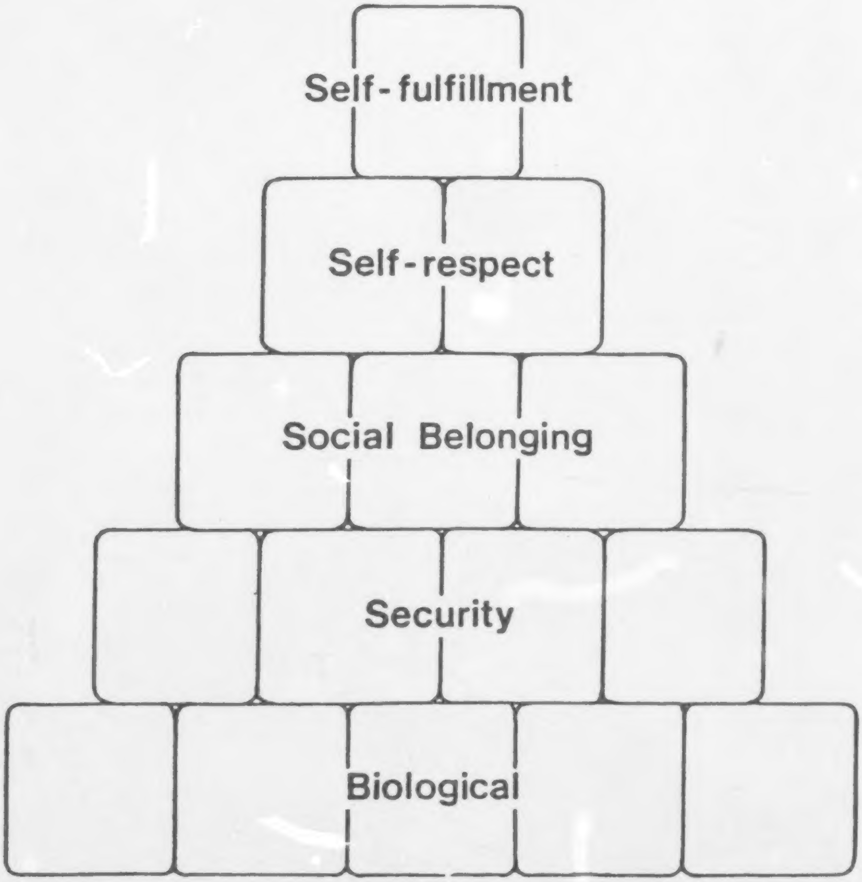
TRANSPARENCY MASTER #7

ORDER OF PRIORITY OF HUMAN NEEDS


Self-fulfillment
Self-respect
Social Belonging
Security
Biological

Source: Haimann, Theo. Supervision: Concepts and Practices of Management. Cincinnati: South-Western Publishing Co., 1977, p. 56.

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DIAGNOSIS
UNIT III

TRANSPARENCY MASTER #8

HERZBERG'S MOTIVATION THEORY

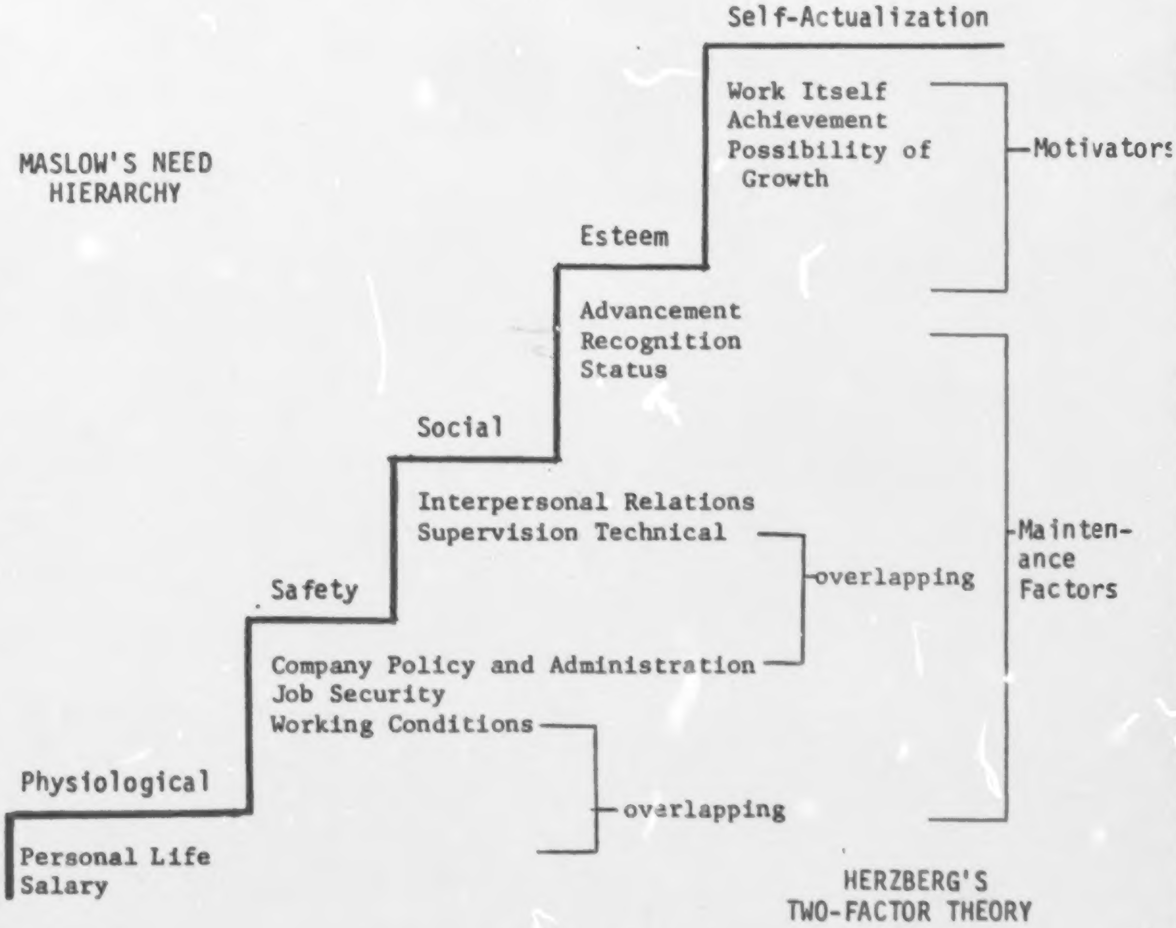
HYGIENE FACTORS	MOTIVATORS
Working Conditions	Recognition
Money, Status, Security	Opportunity for Advancement
Interpersonal Relationships	Challenging Work
Supervision	Responsibility for Work
Company Policies and Administration	Opportunity for Growth and Advancement

Source: Preston, Paul. Management for Supervisors. Englewood Cliffs: Prentice-Hall, 1978, p. 197.

HEALTH CARE ADMINISTRATORS
DIAGNOSIS
UNIT III

TRANSPARENCY MASTER #9

COMPARISON OF THE MASLOW AND HERZBERG MODELS


MASLOW'S NEED HIERARCHY
Self-Actualization
Work Itself
Achievement
Possibility of Growth
Motivators
Esteem
Advancement
Recognition
Status
Social
Interpersonal Relations
Supervision Technical
overlapping
Maintenance Factors
Safety
Company Policy and Administration
Job Security
Working Conditions
overlapping
Physiological
Personal Life
Salary
HERZBERG'S TWO-FACTOR THEORY

Source: Hodgett, Richard M. Management Theory Process and Practice. Philadelphia: W. B. Saunders Co., 1975, p. 326. Used in permission of the publisher.

in Rakich, Jonathon S. Managing Health Care Organizations. Philadelphia: W. B. Saunders, Co., 1977.

HEALTH CARE ADMINISTRATORS
DIAGNOSIS
UNIT III

TRANSPARENCY MASTER #10

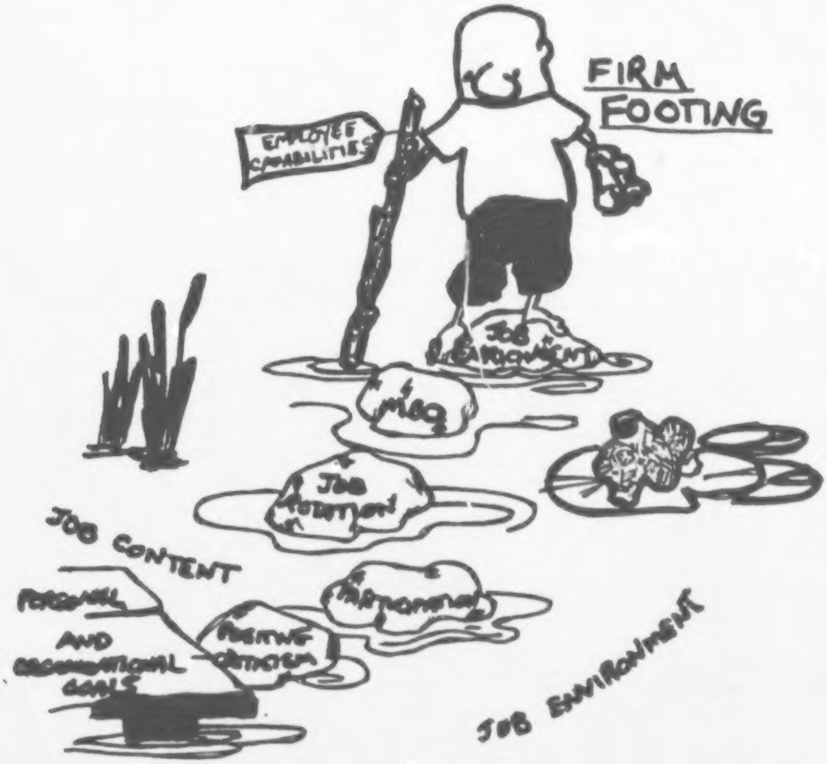
HOW SUPERVISORS AND WORKERS RATED TEN JOB CONDITIONS

Job Conditions	Workers' Rating	Supervisors' Rating
Full appreciation for work done	1st	8th
Feeling "in" on things	2nd	10th
Sympathetic understanding of personal problems	3rd	9th
Job security	4th	2nd
Good wages	5th	1st
Interesting work	6th	5th
Promotion and growth with company	7th	3rd
Management loyalty to workers	8th	6th
Good working conditions	9th	4th
Tactful disciplining	10th	7th

Source: Haimann, Theo. *Supervision: Concepts and Practices of Management.* Cincinnati: South-Western Publishing Co., 1977, p. 64.

HEALTH CARE ADMINISTRATORS
DIAGNOSIS
UNIT III

TRANSPARENCY MASTER #11


FIRM FOOTING
EMPLOYEE CAPABILITIES
JOB ENRICHMENT
MBO
JOB ROTATION
JOB CONTENT
PERSONAL AND ORGANIZATIONAL GOALS
POSITIVE CRITICISM
PARTICIPATION
JOB ENVIRONMENT

Source, Terry, George R. Supervision. Homewood: Richard D. Irwin, 1978, p. 239.

HEALTH CARE ADMINISTRATORS
DIAGNOSIS
UNIT III

ASSIGNMENT SHEET #1

A HIRING CASE STUDY

FALSIFIED APPLICATION

Frieda Schumacher has been employed by Green Valley Hospital (450 beds) as an R.N. for five years. She first came to the hospital seven years ago, when she was 20, and was enrolled in the hospital's diploma program. After her graduation at the top of her class two years later, she began working on the afternoon shift. During that period her performance was excellent. She is a very likeable, warm, compassionate, and respected individual who is willing to go out of her way to assist employees and patients. Frieda is married, has a two year old child, is a dedicated mother, and is active in church and community affairs. When she took a three month maternity leave for the birth of her child, her supervisor found out how valuable she really was.

Last week, she was one of three nurses being considered for promotion to supervisor. In comparison with the others, she was by far the most qualified. As a matter of policy, all individuals being considered for promotion to positions of major responsibility (Frieda would be responsible for controlling narcotics kept at the nursing station), are subject to a routine background investigation by an outside agency.

Much to the Director's dismay, the investigation revealed that when Frieda was 17 years old she was arrested for and convicted on drunken driving, a felony charge. When Frieda applied for admission to the diploma program and completed the employment application, she did not reveal this fact. In fact, on the employment form a specific question asked if the applicant had ever been convicted of a felony. Frieda had responded "No." Furthermore, in bold print on the application blank is the statement that "intentional falsification of information on this application will result in immediate discharge."

When the Director of Nursing Service confronted Frieda with this particular fact, she stated, "I was a young girl at the time and was in the company of several other teenagers. We were foolish and didn't think; I certainly would never do anything like that again."

A. What action should be taken against Frieda? Should she be discharged? Should she be promoted?

B. Is the policy that "falsification of information on an application form will result in immediate discharge" valid?

C. If Frieda was not discharged, what impact would it have? Would it establish an unwanted precedent?

HEALTH CARE ADMINISTRATORS
DIAGNOSIS
UNIT III

ASSIGNMENT SHEET #2

JOB DESCRIPTION AND PERFORMANCE APPRAISAL

In the space below, write a job description for the job you now hold or for one you have held in the past or hope to hold in the future. Include all parts of the job description, as explained on the information sheet. Then decide which job standards should be used to evaluate adequate performance of that job.

HEALTH CARE ADMINISTRATORS
DIAGNOSIS
UNIT III

ASSIGNMENT SHEET #3

MOTIVATION CASE STUDY

THE NEW ADMINISTRATIVE RESIDENT

Jack Johnson, a new and ambitious administrative resident at St. Thomas Hospital, was very eager to get things done and was constantly on the lookout for departmental sections to streamline. One day he found a gold mine in the switchboard. He rolled up his sleeves on this one when he found out that while turnover was very low, there was a great deal of dissatisfaction among switchboard operators. The eight of them who were very close in age (mid-40's), socialized with one another after working hours, and frequently discussed personal matters. Mr. Johnson regarded Mrs. Kelly, the chief operator, as being very personable. She got along well with the public but constantly complained that the employees were overworked and underpaid.

Mr. Johnson checked area hospitals and found that among switchboard operators St. Thomas had one of the lowest rates of pay in town. When he approached the administrator on the matter of higher pay, he was told that it would be impossible to increase the pay for the operators at the present time.

Mr. Johnson set about to do what he could to help the operators. He found that they were working split shifts, and since in his opinion this obviously was not practical, he changed their working schedule. To his surprise, the chief operator reacted very unfavorably to the change in schedule. He then rearranged the work activities by hiring a receptionist so that the operators would be able to concentrate on running the switchboard. The receptionist was not given any cooperation by the switchboard operators, and the first two new employees who occupied the position resigned. Mr. Johnson felt that the chief operator was responsible for the operators' not accepting the new receptionist. He requested that the administrator terminate the chief operator. The administrator refused to do this. Mr. Johnson suddenly found himself in the position of having the switchboard department in worse shape than when he started "reforming" it.

A. What do you think about the behavior of Mr. Johnson?

B. Why did the telephone operators react the way they did?

C. Why did the operators not extend help to the receptionists?

D. What problems do you see in the behavior of the chief operator?

E. If you were the administrator, what would you do about this set of events?

Adapted with permission of the publisher from James A. Hamilton, Decision-Making in Hospital Administration, University of Minnesota Press, 1960. pp. 278-280.

in Longest, Beaufort B., Jr. Management Practices for the Health Professional. Reston: Reston Publishing Co., 1976.

HEALTH CARE ADMINISTRATORS
DIAGNOSIS
UNIT III

REVIEW SHEET

Check what you have learned about recruiting and hiring employees, labor laws, job descriptions, evaluation, and motivation, by completing the review sheet below. Then check your answers with the information sheet materials. If you get all ten items right, you're doing a terrific job! Eight right is good; seven right is fair; and if you get five or less right, you need some review on the principles.

1. Match the following terms and their definitions:

______ A.	Job description	1.	A management control designed to provide a report of how well individuals are performing to standards.
______ B.	Motivation	2.	A word picture, in writing, of the organizational relationships, responsibilities, and specific duties that constitute a given job or position.
______ C.	Performance appraisal	3.	The act of stimulating someone to take a desired course of action.

2. Discuss recruiting personnel, especially five expectations employees have and three steps involved in the recruiting process.

expectations:

a.

b.

c.

d.

e.

steps:

a.

b.

c.

3. List the four questions on which effective hiring practices are based and the four hiring tools.

questions:

a.

b.

c.

d.

tools:

a.

b.

c.

d.

4. Discuss seven rules of interviewing and six major areas to be covered in the interview.

rules:

a.

b.

c.

d.

e.

f.

g.

areas:

a.

b.

c.

d.

e.

f.

5. List six aspects of labor legislation which affect health care institutions.

   a.

   b.

   c.

   d.

   e.

   f.

6. Discuss job descriptions, particularly five uses of job description information, seven items the job description should contain, and seven guidelines for writing job descriptions.

   uses:

   a.

   b.

   c.

d.

d.

e.

should contain:

a.

b.

c.

d.

e.

f.

g.

guidelines:

a.

b.

c.

d.

e.

f.

g.

7. Discuss the five purposes of performance appraisal and six steps to be taken in conducting performance appraisals.

purposes:

a.

b.

c.

d.

e.

steps:

a.

b.

c.

d.

e.

f.

8. Compare and contrast the motivation theories of Maslow and Herzberg.

9. Discuss the four factors affecting motivation.

a.

b.

c.

d.

10. List seven motivational devices managers may use.

a.
b.
c.
d.
e.
f.
g.

HEALTH CARE ADMINISTRATORS
CULTURES AND SUBCULTURES
UNIT IV

UNIT OBJECTIVES

This unit will give the health care administrator an opportunity to increase management skills in regard to delegation, personnel management, conflict, stress, and accident prevention. In studying the five topics, specific techniques for each will be presented as well as opportunities to participate in actual practice activities.

SPECIFIC OBJECTIVES

Upon completion of this unit, the participant should be able to:

1. Match the following terms and their definitions: conflict, delegation, and stress.
2. List five reasons why managers should delegate and five reasons why managers fail to delegate.
3. Discuss seven delegation techniques, five guidelines for giving instructions, and two instances when delegation will not work.
4. List seven indications that an employee is having a problem, three sources of employee problems, and the five "R's" of counseling employees.
5. Discuss five common causes of absenteeism and tardiness and five steps in dealing with the problem.
6. Discuss disciplining employees, specifically seven guidelines for administering discipline.
7. Discuss three reasons for conflict and five ways in which people may respond to conflict.
8. List five advantages of conflict, three disadvantages of conflict, and four ways in which managers can help resolve employee conflicts.
9. Discuss seven common causes of stress and six steps for controlling stress.
10. Discuss two governmental programs emphasizing accident prevention and the three "E's" of accident prevention.

HEALTH CARE ADMINISTRATORS
CULTURES AND SUBCULTURES
UNIT IV

SUGGESTED ACTIVITIES

I. Instructor:

- A. Provide participants with objective sheet.
- B. Provide participants with information and assignment sheets.
- C. Discuss unit and specific objectives.
- D. Discuss information and assignment sheets.
- E. Discuss review sheets.

II. Participant:

- A. Read objectives.
- B. Study information sheets.
- C. Complete assignment sheets.
- D. Check that you can achieve each specific learning objective.
- E. Complete and check review sheets.

INSTRUCTIONAL MATERIALS

I. Included in this unit:

- A. Objectives
- B. Information sheets
- C. Transparency masters:
    - 1. Employee problems
    - 2. Ways of handling conflict
- D. Assignment sheets:
    - 1. Delegation
    - 2. Employee problem case study
    - 3. Conflict case study
    - 4. Change scale
    - 5. Type A - Type B test
- E. Review sheets

II. References:

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- B. Bittel, Lester R. What Every Supervisor Should Know. New York: McGraw-Hill, 1974. (B)
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T. Sisk, Henry L. *Management and Organization*. Cincinnati: South-Western, 1973. (D)

U. Stone, Florence. "Staying in Shape for the Rigors of Management--A Sound Mind," *Management Review*, January, 1975. (D)

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W. Tubesing, Donald A. Stress Skills. Minneapolis: Whole Person Asso., 1979. (D)

X. Weiss, Alan. "Conflict--It's What You Make It," Supervisory Management, June, 1974. (C)

Y. Williams, Crawford. "Guidelines for Disciplinary Action," Supervisory Management, April, 1970. (B)

REFERENCE CODE:

A--delegation
B--personnel management
C--conflict
D--stress
E--accident prevention

HEALTH CARE ADMINISTRATORS
CULTURES AND SUBCULTURES
UNIT IV

INFORMATION SHEET

I. Terms and definitions

   A. Conflict--Disagreement between two or more parties resulting from an incompatability of facts, methods, goals, or values.
   B. Delegation--A process by which supervisors entrust certain employees with the accomplishment of specific work objectives; those employees are given responsibility for reaching those objectives and authority sufficient to perform.
   C. Stress--Tension as a reaction to pressure; can be constructive (as a spur to achievement) or destructive (as a contributor to physical and mental breakdown.)

II. Most administrators seem to regard delegation of duties as a desirable, but very difficult, aspect of effective management.

   A. Reasons why managers should delegate:

      1. You can't do everyone's job. Even if you are the most productive employee in the organization, it is not possible to work as efficiently as a group of employees working together.
      2. Your job is to manage. Supervisors are responsible for management functions, not for operational activities.
      3. Those close to a problem often make better decisions. Employees can often take immediate action and avoid a crisis build-up.
      4. Delegation demonstrates trust of and respect for employees. This creates an atmosphere of participation and commitment to the organization.
      5. Delegation is a step toward employee development. With supervisory support, employees can develop confidence and explore abilities.

   B. Reasons why managers fail to delegate:

      1. Fear of costly mistakes by subordinates for which the supervisor will be held responsible.
      2. Desire for personal credit; fear of loss of prestige or status; fear that subordinates might perform too well and show up the supervisor.
      3. Fear of losing control of an activity; reluctance to give up activities that a supervisor performs well.
      4. Misjudgment of time; failure to plan work ahead.
      5. Having no one to delegate to.

III. Delegation requires considerably more than simply handing authority and responsibility to subordinates.

   A. Delegation techniques:

      1. Carefully select the tasks to be delegated. Choose tasks based on your over-all plan. Assign as many tasks as you safely can; but avoid over-

delegating to the point where employees are put in a continual sink-or-swim situation. Generally, delegate the routine matters.

2. Carefully select the persons to whom you will delegate. Know subordinates' capabilities. Get their recommendations for solving problems and prepare them to be self-reliant before delegating assignments.
3. Turn over the assignment skillfully. Specify goals and objectives.
4. Agree on performance standards. Give the employee all the training and assistance needed; but delegate according to the results desired, not according to the method to be used. The heart of successful delegation is allowing freedom to work independently.
5. Give sufficient authority to complete the task and let others know to whom the task has been delegated so that cooperation can be expected.
6. Expect and accept some mistakes, but don't snatch back the delegated task. Employees will not develop skills and will doubt the supervisor's sincerity if s/he takes over at the first sign of trouble.
7. Follow up. Take an interest in the progress of the assignment, but don't snoop. Call for progress reports and schedule reviews. Give appropriate rewards for successful completion of the work.

B. Guidelines for giving instructions:

1. Find out what the employee already knows.
2. Give a reason-why explanation, if possible.
3. Show an example or illustration, if possible.
4. Make it clear that you welcome questions.
5. Check the employee's progress before s/he has gone too far.

C. When delegation will not work:

1. When the employee is unwilling to accept responsibility.
2. When there is poor communication between the supervisor and employees, so that the employee is unable to understand what is expected of him/her.

IV. Personnel management may also include helping employees with problems:

A. Indications that an employee is having a problem:

1. Exhibits marked reduction in interest or effort.
2. Becomes unusually critical of others or of self.
3. Becomes overly sensitive or defensive.
4. Becomes ill-tempered, irritable.
5. Becomes inattentive, preoccupied.
6. Begins to have difficulty in expressing thoughts.
7. Becomes unusually quiet or reclusive.
8. Increased accidents.
9. Increased fatigue.

B. Sources of employee problems: (transparency)

1. Within the individual--problems such as poor peer relationships, lack of job satisfaction, physical or mental illnesses.
2. Within the organization--job insecurity, unsatisfactory working conditions, poor supervision.
3. Outside the organization--family difficulties, personal problems, conflicts with other social institutions.

C. In counseling employees, remember the five R's:

1. Right purpose--counseling is not to be used to pry into employees' lives, but rather to strengthen, maintain, or restore the working relationship and the employee's effectiveness.
2. Right time--counseling is a sensitive process and should be done only when it is necessary and when both parties are willing to openly communicate.
3. Right place--counseling should be done in privacy, away from distractions, and in confidence.
4. Right approach--supervisor should take a nondirective approach and allow the employee to do most of the talking, rather than "giving the solutions" to employee problems.
5. Right techniques--the supervisor should follow these principles of interviewing:

    a. Listen patiently to what the employee has to say.
    b. Refrain from criticizing or offering hasty advice.
    c. Never argue with an employee while you are counseling.
    d. Give your undivided attention to the employee.
    e. Look beyond the mere words of what the employee says--listen to see if s/he's trying to tell you something deeper than what appears on the surface.

V. Absenteeism and tardiness are typical employee problems that also cause problems for supervisors.

A. Common causes of absenteeism and tardiness:

1. A worker's job does not challenge him/her enough to warrant his/her dedication, promptness, and steady attendance.
2. A worker doesn't get along with others in his/her work group or his/her supervisor.
3. A worker has a serious transportation problem getting to and from work.
4. A worker has problems at home, such as child care difficulties or illness of family members.
5. The worker feels that absence won't really affect the work flow of others in the unit nor contribute to the final product or service.

B. Dealing with the problem:

1. Identify the steady offender and investigate the underlying causes of the problem.
2. Restructure the work activities through job rotation or job enlargement to make work more interesting.
3. Improve the work environment to improve morale.
4. Develop a policy of flexibility and understanding regarding personal business if planned adequately in advance.
5. Communicate to the employee his/her responsibility and necessity to the team effort.
6. If necessary, discipline.

VI. Disciplining employees should not be regarded only as negative and punishing, but should be a constructive measure, emphasizing the necessity of following rules.

A. An effective discipline program should be based upon:

1. Rules that are reasonable.
2. Clear employee understanding of what is expected of him/her.
3. The employer's right to a well-disciplined, cooperative work force.
4. The employer's authority to administer discipline when rules are violated.

B. A formal disciplinary procedure should be established, and should contain the following provisions:

1. Penalties should be based on specific charges. The charges and their underlying reasons should be clear and provable (for example, incompetence, negligence, and misconduct).
2. All employees must be treated consistently under the disciplinary program; however, the background and circumstances of each case should be considered separately.
3. Penalties should be progressive and related to the offense. Typical penalties in progressive order of severity are:

    a. Simple oral warning.
    b. Oral warning that is noted in the person's employment record.
    c. Written warning noted in employment record.
    d. Suspension from the job, usually varying from one day to two weeks.
    e. Discharge.

4. Rules and regulations must be reasonable.
5. There must be a provision for appeal.

C. Some guidelines for the manager administering discipline:

1. Move in promptly. As soon as you are aware of a rule violation, investigate the facts and take some action. Inaction is equivalent to condoning the violation and making the rule ineffective.
2. Get all the facts. Make a record of those facts as evidence of the incident and to help recall details later.
3. Provide an opportunity to explain. Take the initiative in asking for an explanation and investigating it.
4. Know the principles of corrective discipline:

    a. The purpose of discipline is to obtain compliance with established rules of conduct, not punishment.
    b. Discharge is not corrective in nature; therefore, it should be resorted to only when other efforts have failed.

5. Determine the nature of the offense, whether it is of major or of lesser significance.
6. Determine the rules violated. Usually it is better to select the one rule most appropriate for the offense and easiest to prove rather than "throwing the book" at the employee.

7. Consider the basic factors such as:

    a. Guilt--just what is the violation?
    b. Prior conduct record.
    c. Length of service.
    d. Period of time since last penalty.
    e. Local practice or aggravating circumstances.

VII. Conflict is a complex emotional response to a stressful situation:

A. Reasons for conflict:

1. Informational differences. The parties may have been exposed to different information and thus arrived at a different understanding of the issue and of what course of action makes the most sense.
2. Perceptual differences. Although the parties have been exposed to the same data, their past experiences may cause them to interpret it in different ways.
3. Role differences. People's situations or roles may cause them to take opposing positions.

B. Ways in which people may respond to conflict: (transparency)

1. Competing--going all out to win your objective at the other's expense; in using this mode it is essential that you know clearly what you want, why it is important, how you plan to "win", and what might happen to the other party.
2. Accommodating--neglecting your concerns to let the other party achieve what is important to him/her; sometimes this may be an indication that preserving a relationship is more important than winning a particular point.
3. Avoiding--abandoning the confrontation issue when there seems to be little chance of satisfactory resolution; used when the timing is wrong or issue isn't really critical.
4. Compromising--settling for "half a loaf" rather than risking an all-out win-lose struggle; may make sense, for example, when there is a limited budget and several projects require funding.
5. Collaborating--a mutual problem-solving process where each party accepts the other's goals and they work together to achieve the best for both; rather than a pie-dividing technique, it is pie-stretching maneuver.

VIII. Conflict can produce benefits as well as problems if it is handled properly by the manager.

A. Advantages of conflict:

1. Conflict can lead to change. A dissatisfaction which leads to conflict may progress to change and adaptation of an improved course of action.
2. Conflict creates energy and activity. Competition is a form of conflict and many people perform better in competitive, pressure situations.

3. Conflict stimulates interest, curiosity, and ideas. Challenging proposals and plans normally leads to consideration of alternatives and more effective decisions.
4. External conflict results in internal group cohesion. A common outside threat can increase organizational commitment and cooperation.
5. Conflict can result in a reduction of tension. Bringing irritants into the open often makes it possible for differences to be resolved and interactions improved.

B. Disadvantages of conflict:

1. Extreme conflict can result in instability and chaos. Hostility develops between parties, and thoughts and actions center on negatives.
2. Conflict destroys cooperation and disrupts the flow of activity. Opposing factions within an organization tend to focus attention on the dispute rather than on the tasks necessary to achieve organizational purposes.
3. Extreme conflict reduces reliance on reason and evokes emotional behavior. Suspicion and a lack of trust lead to concealment of activities, restricted communication, and distorted perceptions and relationships.

C. How managers can help resolve employee conflicts:

1. Arbitration--a third party, such as the manager himself, makes a decision which both parties must agree to respect and to implement. The supervisor, however, must be careful not to choose sides without providing reasons for the decision, or conflict will simply be escalated.
2. Negotiation--both parties meet to confront the problem and bargain until both are satisfied with the compromise reached.
3. Establish objectives--many times both parties can agree on a goal to be achieved even if they disagree violently on the methods to be used in reaching that goal.
4. Examine the management system--a lack of knowledge, inadequate communication, unfair treatment of employees, etc., will cause conflict. It is the manager's responsibility to:
    a. Review past actions, clarify the issues, attempt to discover the underlying causes of the conflict.
    b. Encourage employees to communicate freely and not hold back grievances.
    c. Prevent employees from attacking the opponent's sensitive spots that have nothing to do with the issues of the conflict.
    d. Keep discussions on specific issues; discourage aimless arguing.
    e. Follow up to be sure agreed upon resolution is being implemented and is handling the problem satisfactorily.

IX. Health care administration is typically a stressful occupation.

A. Common causes of stress:

1. Inability to cope with sudden change.
2. Failure to accept disappointments and setbacks.
3. Job demands too great.
4. Violent personality clashes with close colleagues.
5. Conflict between home life and work.
6. Lack of well-defined responsibilities.
7. Responsibility without authority.

B. Some personalities, called Type A, are more susceptible to stress-associated diseases as a result of role overload. In contrast, Type B behaviors result in far fewer stress-related physical problems.

1. Type A characteristics:

    a. Excessive drive, ambition.
    b. Aggressiveness.
    c. Involvement in competitive activities.
    d. Frequent deadlines and pressure for productivity.
    e. Strong sense of time urgency.

2. Type B characteristics:

    a. Relaxed and easy-going, seldom impatient or irritable.
    b. Takes time to enjoy avocational pursuits.
    c. Works steadily.
    d. Not concerned with social achievement.
    e. Basically non-competitive.

C. Some steps for controlling stress:

1. Know yourself and your personal reactions to stress. Be aware of physical and mental symptoms of growing stress and be careful of overreaction to stressful situations.
2. Practice sound administrative principles. Realize that managerial decisions cannot please everyone and life is filled with conflicts. Take a rational, organized approach toward solving such problems.
3. Follow a daily routine of periodic, complete separation from the job. Use coffee breaks or lunch periods to block out work problems for a short time.
4. Verbalize problems to a trusted confidant when necessary. Talking about a problem often broadens perspectives and unburdens the mind so that it can arrive at a sensible course of action.
5. Adopt a daily routine of moderate exercise. Physical activity can get the manager away from the stressful environment and also condition the body's stress-adaptation mechanisms.
6. Maintain proper diet and eating habits.

D. Employee "burn-out" may also be lessened by application of some of the above stress-controlling techniques.

X. Accident prevention.

A. Government intervention has contributed to a greater administrative concern for accident prevention among employees through workmen's compensation and OSHA regulations.

1. OSHA (Occupational Safety and Health Act of 1970) has the objective of providing employees with workplaces free from recognized hazards.
2. Workmen's compensation in effect holds employers financially responsible for work injuries without regard to who is at fault; and although insurance can alleviate some of the burden, substantial costs are involved.

B. The National Safety Council maintains that accident prevention is dependent upon the three "E's":

1. Engineering--structure the job and use the right equipment to avoid injuries.
2. Education--probably the most important "E"; involves instilling in employees the belief that they are the most influential source of accident prevention and training them to develop safe work habits.
3. Enforcing--the supervisor must use rules and discipline to enforce safety guidelines.

HEALTH CARE ADMINISTRATORS
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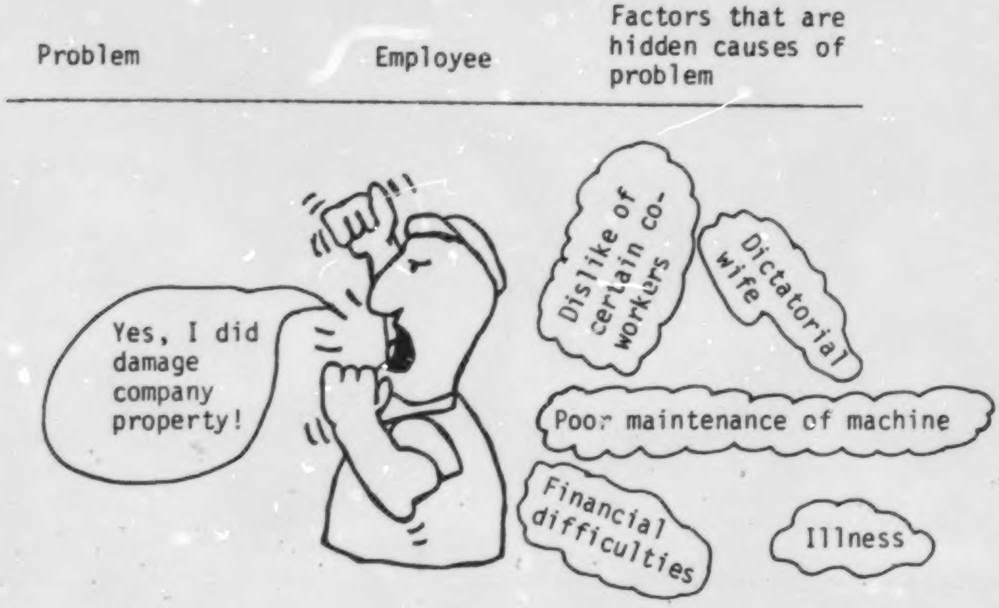
TRANSPARENCY MASTER #1


Problem
Employee
Factors that are hidden causes of problem
Yes, I did damage company property!
Dislike of certain co-workers
Dictatorial wife
Poor maintenance of machine
Financial difficulties
Illness

An employee problem usually reflects and results from hidden causes related intimately to the employee.

Source: Terry, George R. Supervision. Homewood: Richard D. Irwin, 1978, p. 317.

HEALTH CARE ADMINISTRATORS
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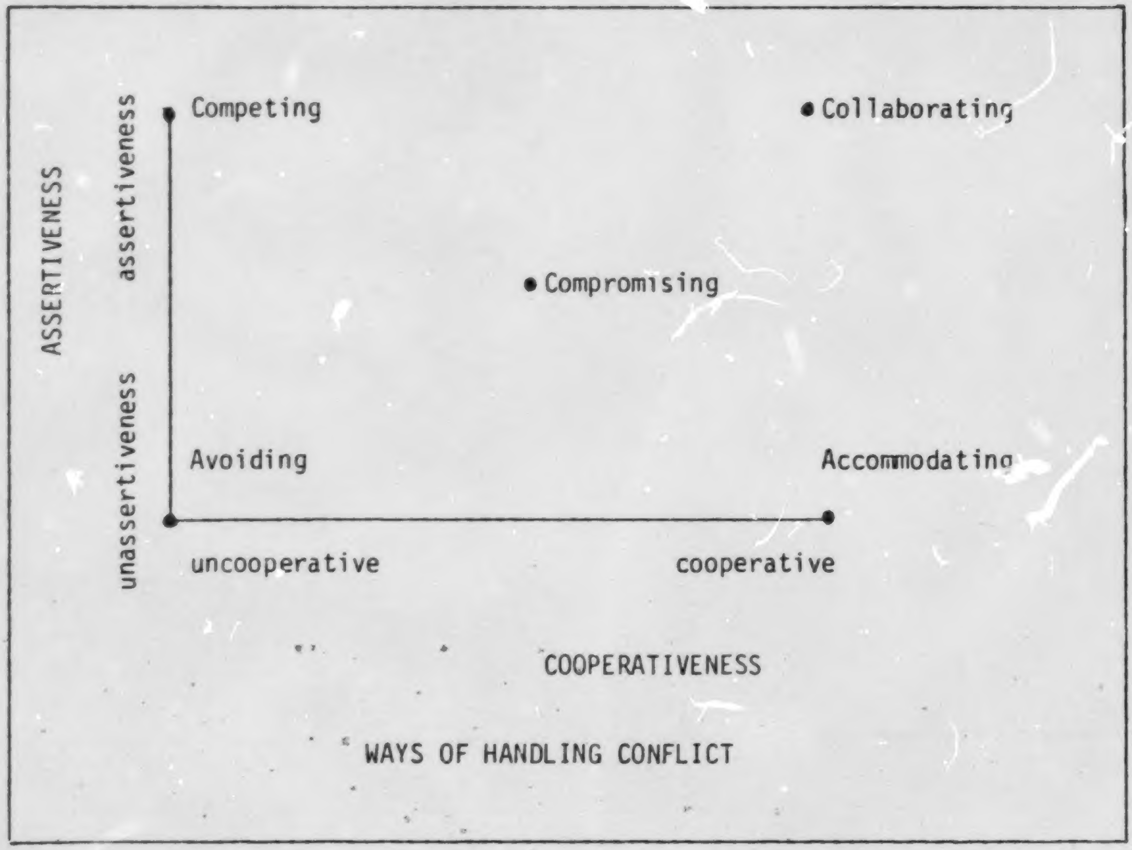
TRANSPARENCY MASTER #2


Competing
Collaborating
Compromising
Avoiding
Accommodating
ASSERTIVENESS
assertiveness
unassertiveness
uncooperative
cooperative
COOPERATIVENESS

WAYS OF HANDLING CONFLICT

Source: Schmidt, Warren H. "Conflict: A Powerful Process for (Good or Bad) Change," Management Review, January, 1975, P. 125.

HEALTH CARE ADMINISTRATORS
CULTURES AND SUBCULTURES
UNIT IV

ASSIGNMENT SHEET #1

Read the following situation:

Supervisor Joe has taken a deep look at himself and his department and has decided he must delegate more to his employees for the following reasons: (1) He has been working fifty hours a week instead of forty. (2) The pressure of trying to get everything done has put him on edge with some of the staff. (3) He has not been sleeping well because of worry. Last night he spent three hours formulating a list of responsibilities he might delegate to his five employees. The list is as follows:

1. A weekly report that takes fifty minutes to prepare. This report could easily be delegated to Mrs. R., but it would reveal certain departmental figures that have not been revealed to employees in the past. There is nothing secret about the data, but Joe feels he might lose control if everybody knows what goes on.

2. A weekly fun job that Joe has always enjoyed doing. Miss Q. would love to do the job (she would probably do it better than Joe), but Joe wants to keep it because it keeps him closer to his employees and facilitates communication. This job usually takes about one hour.

3. A very routine weekly stock or supply room count that takes an hour and a half. Joe has delegated this job before, but he always winds up taking it back because the grumbling from the employee disturbs him more than doing the job himself. Besides, sometimes the count is wrong and he ends up doing the job himself anyway.

4. A very short (fifteen-minute) telephone call every day at 4:00 p.m. to get some data to the computer center. Joe has refused to delegate this because if it is not done accurately he will be reprimanded by Mr. Big. Mr. K. would be able to do the job and not be overloaded.

5. A daily (ten-minute) delivery job of a special report to top management. Joe has kept this to do himself because it gives him a chance to have a cup of coffee and he can play a little politics with middle (and sometimes) top management executives.

6. A special routine meeting each month which many supervisors already delegate to a subordinate. It would be excellent training for Mr. G. to have this assignment. Joe has kept it to himself, however, because he is afraid that something will happen at the meeting that he won't know about.

Now decide which things Joe should delegate. Give reasons for your choices.

Source: Chapman, Elwood N. Supervisor's Survival Kit. 2nd ed. Chicago: Science Research Assoc., 1975.

HEALTH CARE ADMINISTRATORS
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UNIT IV

ASSIGNMENT SHEET #2

Read the following case study and answer the questions:

Nursing Home

When Chester Boone was hired as an orderly eight months ago, Herbert Seltzer, supervisor, believed he was indeed fortunate to get such a fine man in his group. During the past two months, Chester's behavior has changed considerably. He has become careless in his work, commonly fails to complete tasks properly, resents any calling of his attention to his errors, taking a belligerent attitude toward any corrective action. Only two weeks ago a reprimand had been given him for excessive tardiness and for taking unauthorized leaves. His behavior improved for several days, but now he has returned to his poor work habits. Mr. Seltzer talked with Chester:

Seltzer: Chester, I don't know what I'm going to do with you. I have never in my 17 years of supervising had a person change so much. You started out as an excellent orderly, now you have sunk to a marginal one and if you don't straighten out, I may have to let you go.

Chester: (with sheepish grin): Uh huh Uh huh.

Seltzer: You aren't attending evening classes, either.

Chester: Yes, I am.

Seltzer: Now be careful. The school called yesterday. You haven't been there for five weeks.

Chester: Yeah, I guess so.

Seltzer: Why aren't you going to school? You have a good mind. You want to make something of yourself.

Chester: Sure, big deal. The school means well, but it's dull. I don't want to go and I'm not going. Nobody can make me go.

Seltzer: Does your mother know?

Chester: Nope, and you better not tell her. If you do, you'll be sorry. You'll be sorry. I'm telling you, you'll be sorry.

Seltzer: Chester, let me help you. Something is bothering you. What is it? You can tell me.

Chester: Nothing is the matter. Nothing at all.

Seltzer: Well, let me put this to you as straightforward as I can. Your work has got to improve. You can do it. You know you can and so do I. Now, remember your work has got to improve. That's all.

Herb Seltzer was not at all sure he was getting anywhere with Chester. He thought about the whole situation for awhile. He decided to get some advice from his close friend, Sam Kolwaski, the assistant staff manager. On his way to Sam's office, Herb took a shortcut through a now little used and practically abandoned storeroom area resulting from a new layout about six months ago. While walking through he decided to stop by the men's washroom in this area. Opening the door he heard voices from what used to be a shower room. Standing still he could clearly hear a voice saying, "Come on, don't smoke it all, let me have it." Then another voice, "We're taking a big chance here. What if we get caught?" Herb recognized this voice as Chester's. Then the initial voice, "Oh man, that's something. There is nothing like it. Quit worrying kid. I've smoked pot in here many times."

Questions

1. As Herb Seltzer, what would you do:
   a. Walk away and discuss the problem with the administrator?
   b. Confront Chester right now?
   c. Call Chester in tomorrow and get him to stop smoking pot? Justify your selection.
2. What other actions might Herb take? Discuss.
3. Evaluate Herb's supervision of Chester prior to the pot smoking incident.

Source: Terry, George R. Supervision. Homewood: Richard D. Irwin, 1978.

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ASSIGNMENT SHEET #3

A CONFLICT CASE STUDY

Charlotte Cook is an RN who has three LPN's (Sally, Mary, and Betty) reporting to her during the day shift at Longview Nursing Home. She is 48 years old and has worked for Stanley George, the Adminstrator, for the past ten years.

Charlotte has been confronted with a leadership problem. Sally who has worked for Charlotte for five years is 40 years old, cooperative, dependable, skilled, and an excellent performer. In fact, Charlotte has such confidence in Sally that she often leaves her in charge when she leaves the floor. Mary, who is 28, transferred from the evening shift two months ago after having worked there for one year. The administrator told Charlotte that he was transferring Mary because she could not get along with the new RN supervisor on that shift. The new RN is two years younger than Mary and they had a personality clash. In fact, rumors circulated that Mary resented the new RN because she was not satisfied with either Mary's performance or attitude. Furthermore, the previous supervisor and Mary were very close socially, she was not demanding of Mary, and she often made exceptions for her. The other second shift LPN's resented this and would have nothing to do with Mary.

Betty is 30 years old and has worked for Charlotte for the year she has been at Longview. Her performance is acceptable, she requires some direct supervision, and she and Charlotte have a good relationship.

Four weeks ago Mary began complaining to Sally and Betty. She criticized Mr. George and Mrs. Cook, and was generally "anti-everything" about Longview and its staff, particularly the new second shift RN and Charlotte. She was uncooperative, often did her job wrong, and gossiped with the patients.

Charlotte has noticed that Mary seems to always be with Betty during their free time and that Betty tends to side with Mary. Charlotte feels that if the situation is ignored, matters could get worse. Presume that LPN's are hard to get and that Charlotte doesn't want to discharge Mary, at least for the present.

A. How should Charlotte change the supervisory style she uses with Sally, when she interacts with Mary?

B. How should Charlotte approach and interact with Sally?

C. What should Charlotte do if Mary does not change?

D. Did Mr. George do the correct thing in transferring Mary?

E. What could Mr. George have done to remedy the situation at the time he transferred Mary?

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ASSIGNMENT SHEET #4

Circle each of the events listed that have happened to you in the past year. Then add up the mean point values for each.

	LIFE EVENT	MEAN VALUE
1.	Death of spouse	100
2.	Divorce	73
3.	Marital separation	65
4.	Jail term	63
5.	Death of close family member	63
6.	Personal injury or illness	53
7.	Marriage	50
8.	Fired at work	47
9.	Marital reconciliation	45
10.	Retirement	45
11.	Change in health of family member	44
12.	Pregnancy	40
13.	Sex difficulties	39
14.	Gain of new family member	39
15.	Business readjustment	39
16.	Change in financial state	38
17.	Death of close friend	37
18.	Change to different line of work	36
19.	Change in number of arguments with spouse	35
20.	Mortgage over $10,000	31
21.	Foreclosure of mortgage or loan	30
22.	Change in responsibilities at work	29
23.	Son or daughter leaving home	29
24.	Trouble with in-laws	29
25.	Outstanding personal achievement	28
26.	Wife begin or stop work	26
27.	Begin or end school	26
28.	Change in living conditions	25
29.	Revision of personal habits	24
30.	Trouble with boss	23
31.	Change in work hours or conditions	20
32.	Change in residence	20
33.	Change in schools	20
34.	Change in recreation	19
35.	Change in church activities	19
36.	Change in social activities	18
37.	Mortgage or loan less than $10,000	17
38.	Change in sleeping habits	16
39.	Change in number of family get-togethers	15
40.	Change in eating habits	15
41.	Vacation	13
42.	Christmas	12
43.	Minor violations of the law	11

☐ TOTAL POINTS

Scoring:

Holding on: If you score 600 points, you're probably in a major crisis. Don't make intricate plans for improving your life. You need to survive. Hold on to anyone who will help you get through the week or the day, but don't make any more changes just now.

Saying "no": If you're between 300 and 500 points, and you want to slow down, you'll probably need to say "no" to some of your options. Forget the guilt trip. Do what is most healthy for you. Select those activities essential to you and slacken your pace by saying "no" to the rest until you can adequately process the change you've already gone through.

Saying "yes": If you are between 0 and 100 points, you're in danger of becoming stagnant. You might get involved in new ventures. When you're asked to participate, say "yes". You don't, however, need to wait for an invitation. Volunteer. If you're dying from boredom, get off your duff and seek out people and projects with which you can become involved.

Source: Tubesing, Donald A. Stress Skills. Minneapolis: Whole Person Associates, 1979.

HEALTH CARE ADMINISTRATORS
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UNIT IV

ASSIGNMENT SHEET #5

A HURRY SICKNESS TEST

You're Type A if you: (circle appropriate categories)

1) Engage in vocal explosiveness

____accentuate key words when there's no reason to do so
____speed up at the end of your sentences

2) Move, walk, and eat rapidly

3) Are impatient at the rate of events

____hurry speech of others
____say "yes, yes, uh-huh, yes" constantly when others talk
____finish sentences for others
____irritated at slow car ahead
____hate to wait in line or for an appointment
____take over work when you can do it faster and better than others
____irritated with repetitious duties
____hurry your reading (or read mostly summaries)

4) Polyphasic thought or performance

____think or do more than one simultaneously; while listening think of tasks, while golfing think of work, while driving listen to tapes, while shaving, eat, read, and plan

5) Are self engrossed

____bring theme of conversation around to your expertise and interests
____if can't do that, then stay quiet and think about your interests

6) Feel vaguely guilty when relaxing

____seldom do nothing for few hours (or days)

7) Don't observe the interesting and lovely in your path

____don't hear birds, see flowers, etc.
____can't remember decorations in a room or office

8) Are preoccupied with things worth having or things worth doing

____little time for things worth seeing
____lost the poetic part of you

9) Have a chronic sense of time urgency

____schedule more and more in less and less time
____make few allowances for unforeseen contingencies
____pride in working best "under pressure"

10) Feel competition with another Type A person (challenged)

____rather than compassion for his illness, you feel challenged to compete and not let other "win"
____feel hostile or aggressive more quickly with Type A than with Type B people

11) Have habitual pattern of gestures and nervous tics

____gestures in conversation; i.e., clenched fist, waving finger, pound table, etc.
____spasmodically tighten corners of mouth, clench jaw, constant smile, constant nod of head

12) Believe success is related to doing things faster than others

____afraid to slow down
____feel "unsupported" when slowing down

13) Translate life into "numbers game"

____increasingly evaluate self and work in terms of numbers
____compare your numbers with the numbers of others

14) Believe you are Type A, but believe that you (alone?) can "get away with it" and it won't hurt you.

You're Type B if you:

1) Are free from Type A habits and you exhibit none of the traits of Type A.

2) Don't suffer from a sense of time urgency with its accompanying impatience

3) Harbor no free-floating hostility and feel little need to display or discuss your achievements unless it is demanded by the situation.

4) Play for fun and relaxation, not to compete and to exhibit your superiority.

5) Can relax without guilt.

6) Can work without agitation.

7) Find it easy to allow some tasks to remain uncompleted while you relax and enjoy yourself

NOTE: Most of us exhibit Type A behavior in some situations and Type B behavior in other situations. A "moderately afflicted" Type A person can still turn his/her "hurry up sickness" off and on at will.

Type A behavior is a habit, and like any habit it can become addicting. In the early stages of the illness you can still control it; in the latter stages you no longer have control; the illness runs rampant.

The first step in getting a handle (control) on any unhealthy addiction is to take a good, honest self-appraisal. (Note that one characteristic of the Type A person is that s/he can't recognize that s/he is Type A).

On the scale below rate yourself and your present behavior. Place an "X" on the continuum.

100% Type A **100% Type B**

90-10	75-25	60-40	50-50	40-60	25-75	10-90
A B	A B	A B	A B	A B	A B	A B

Factors in my behavior which pushed my rating more toward Type A

List:

Factors in my behavior which pushed my rating more toward Type B

List:

Source: Tubesing, Donald A. Stress Skills. Minneapolis: Whole Person Associates, 1979.

HEALTH CARE ADMINISTRATORS
CULTURES AND SUBCULTURES
UNIT IV

REVIEW SHEET

Check what you have learned about delegation, personnel management, conflict, stress, and accident prevention, by completing the review sheet below. Then check your answers with the information sheet materials. If you get all ten items right, you're doing a terrific job! Eight right is good; seven right is fair; and if you get five or less right, you need some review on the principles.

1. Match the following terms and their definitions:

______ A.	Conflict	1.	A process by which supervisors entrust certain employees with the accomplishment of specific work objectives.
______ B.	Delegation	2.	Disagreement between two or more parties resulting from an incompatability of facts, methods, goals, or values.
______ C.	Stress	3.	Tension as a reaction to pressure.

2. List five reasons why managers should delegate and five reasons why managers fail to delegate.

should:

a.

b.

c.

d.

e.

fail:

a.

b.

c.

d.

e.

3. Discuss seven delegation techniques, five guidelines for giving instructions, and two instances when delegation will not work.

techniques:

a.

b.

c.

d.

e.

f.

g.

instructions:

a.

b.

c.

d.

e.

delegation will not work:

a.

b.

4. List seven indications that an employee is having a problem, three sources of employee problems, and the five "R's" of counseling employees.

indications:

a.

b.

c.

d.

e.

f.

g.

sources of problems:

a.

b.

c.

"R's" of counseling:

a.

b.

c.

d.

e.

5. Discuss five common causes of absenteeism and tardiness and five steps in dealing with the problem.

causes:

a.

b.

c.

d.

e.

dealing:

a.

b.

c.

d.

e.

6. Discuss disciplining employees, specifically seven guidelines for administering discipline.

a.

b.

c.

d.

e.

f.

g.

7. Discuss three reasons for conflict and five ways in which people may respond to conflict.

reasons:

a.

b.

c.

respond:

a.

b.

c.

d.

e.

8. List five advantages of conflict, three disadvantages of conflict, and four ways in which managers can help resolve employee conflicts.

advantages:

a.

b.

c.

d.

e.

disadvantages:

a.

b.

c.

resolve:

a.

b.

c.

d.

9. Discuss seven common causes of stress and six steps for controlling stress.

causes:

a.

b.

c.

d.

e.

f.

g.

controlling:

a.

b.

c.

d.

e.

f.

10. Discuss two governmental programs emphasizing accident prevention and the three "E's" of accident prevention.

programs:

a.

b.

"E's":

a.

b.

c.

HEALTH CARE ADMINISTRATORS
RX FOR THE 80'S
UNIT V

UNIT OBJECTIVES

This unit will give the health care administrator an opportunity to increase management skills in regard to management theory, objectives and planning, program evaluation, change, and technological advances. In studying the five topics, specific techniques for each will be presented as well as opportunities to participate in actual practice activities.

SPECIFIC OBJECTIVES

Upon completion of this unit, the participant should be able to:

1. Match definitions with the following terms: change, computer, hardware, management, planning, and software.
2. Compare and contrast the management theories of McGregor, the managerial grid, and the leadership continuum.
3. Discuss the five essential management functions.
4. List seven principles of establishing objectives, the five steps in the management by objectives process, and ten common errors in setting goals.
5. List two patterns of planning typically used by managers, five characteristics of good planning, four benefits of planning, and five pitfalls to be avoided when planning.
6. Discuss program evaluation, specifically two forms in which data may be collected and five approaches to evaluation.
7. Discuss change, specifically two ways in which change comes about, two objectives of change, three factors affecting individual response to change, and three reasons for resistance to change.
8. List six tips for implementing change.
9. Discuss the four major challenges facing health care administrators in the 1980's.
10. List four areas in which computers could be used in health care, five classifications of computer systems, and seven points to consider in evaluating the feasibility of adopting a computer or other "technological advance."

HEALTH CARE ADMINISTRATORS
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UNIT V

SUGGESTED ACTIVITIES

I. Instructor:

- A. Provide participants with objective sheet.
- B. Provide participants with information and assignment sheets.
- C. Discuss unit and specific objectives.
- D. Discuss information and assignment sheets.
- E. Discuss review sheets.

II. Participant:

- A. Read objectives.
- B. Study information sheets.
- C. Complete assignment sheets.
- D. Check that you can achieve each specific learning objective.
- E. Complete and check review sheets.

INSTRUCTIONAL MATERIALS

I. Included in this unit:

- A. Objectives
- B. Information sheets
- C. Transparency masters:
    1. Theory X and Theory Y
    2. Managerial grid
    3. Leadership continuum
    4. Management by objectives
    5. Star of good planning
- D. Assignment sheets:
    1. Theory X - Theory Y assessment
    2. Management case studies
    3. Change assessment
- E. Review sheets

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REFERENCE CODE:

A--management theory
B--objectives, planning
C--program evaluation
D--change
E--technological advances

HEALTH CARE ADMINISTRATORS
RX FOR THE 80'S
UNIT V

INFORMATION SHEET

I. Terms and definitions:

   A. Change--The generation, acceptance, and implementation of new ideas, processes, products, and services.
   B. Computer--A group of machines whose capabilities include the ability to read in information automatically, to process this according to a program of instructions which it holds in a memory, and to communicate the results of its work automatically to the outside world; the system must always include a central processor with a small but fast internal memory and a control console for use by its operator, with extra units selected by the user as required.
   C. Hardware--The computer machinery itself.
   D. Management--Getting work done through the efforts of others; an interactive set of social/technical processes occurring within a formal organizational setting with the purpose of accomplishing predetermined objectives through the utilization of human and physical resources.
   E. Planning--Deciding in advance what is to be done; charting a course of action for the future.
   F. Software--Consumable supplies for programming and other human effort which makes the machinery operate as required.

II. Management style is a result of the interaction between the personality of the individual manager, his/her philosophy regarding people, and the particular management situation. Many theories have been proposed as descriptions of management, including:

   A. McGregor's Theory X and Theory Y which suggests that supervisory style is based on the manager's attitudes toward employees. (transparency)

      1. Theory X--supervisor believes that most people are lazy and will avoid work if possible; therefore, people cannot be trusted to work on their own initiative, need close supervision.
      2. Theory Y--supervisor believes people like work and will demonstrate drive, initiative, and diligence in achieving organizational goals, especially if those goals are compatible with their personal goals.

   B. The managerial grid where the leader's concerns for job requirements are indirectly proportionate to concerns for people: (transparency)

      1. Task management (9,1)--the manager is an autocra[illegible] maximum concern for production and no concern for people; [illegible] job concept is meeting schedules, getting the product out, telling people what to do.

2. Country club (1,9)--the manager is characterized by a high concern for people; s/he wants a happy and harmonious work force, even though the organization's needs and objectives may not be met.
3. Impoverished (1,1)--this manager does not act at all like a leader; s/he has a minimum concern for both people and production; the only concern is not to "rock the boat" and accomplishment of just enough to avoid pressure from superiors.
4. Middle of the road (5,5)--this manager has a moderate concern for both people and production; s/he may push for both, but really strives for compromise and the result is often neither the best for people nor production.
5. Team management (9,9)--a maximum concern for production and for people; the ideal management style, because it accomplishes objectives while permitting people the freedom to reach their personal objectives, but not possible for all leaders in all situations.

C. The leadership continuum where leader and followers' responsibilities complement each other. Managers on this continuum may be described as: (transparency)

1. Autocratic--manager commands, disciplines, has work-centered emphasis. Works best with employee who is insecure, dependent, likes direction; or aggressive, hostile employee who must be firmly controlled for productive accomplishment.
2. Democratic--function of manager is to develop a motivation system; manager discusses, consults, draws ideas from group; has strong teamwork, participation. Works well with aggressive, cooperative employee who is assertive, self-confident.
3. Free-rein--manager acts as facilitator and exercises minimum control, depends upon employees' sense of responsibility and good judgment. Most difficult to use, but works well for employee who is highly individualistic.

III. There are five essential management functions:

A. Planning--to achieve a coordinated and consistent set of operations aimed at desired objectives.
B. Organizing--relating people and things to each other in regard to responsibility and authority.
C. Directing--stimulating the effort needed to perform the required work; includes the activities of order giving, supervising, leadership, motivating, and communicating.
D. Coordinating--reconciling differences in approach, timing, effort, or interest and harmonizing cooperative and individual goals.
E. Controlling--measuring performance and comparing actual results with established standards and correcting deviations from standards to assure that objectives and plans are accomplished.

IV. Determining objectives is the first step in the planning process.

A. Some principles of establishing objectives include:

1. There must be some common organizational objective, the reason why the organization exists, its purpose.

2. Individual and departmental objectives must blend with the objectives of the organization. Theoretically, everyone in the organization should have specific work objectives which are part of the larger plan of the department or unit and ultimately the organization as a whole.
3. Objectives should be progressive if possible. It is desirable that there be continuity from period to period in setting and achieving objectives.
4. Objectives should be jointly determined. This means that a manager must work with his or her subordinates in setting their objectives. Participation in setting objectives will mean that those who work to achieve them will have a better understanding of their importance and relevance and will therefore be much more likely to exert maximum effort toward their achievement.
5. Objectives should be measurable whenever possible. Health professionals are aware of the difficulties in measuring certain aspects of their work, particularly evaluation of the quality of patient care. Nevertheless, many aspects of the work done in health care facilities are measurable in such terms as man-hours, dollars, satisfaction, and ratios of various types. Such measures permit objectives to be stated in specific, quantifiable terms that allow a realistic evaluation of progress toward the objective.
6. Provide for formal accountability. Objectives imply accountability. When objectives are stated in measurable terms, they can be directly evaluated. The main reason for making objectives specific is to pinpoint accountability. Every organizational participant who has specific objectives and who is given the resources to accomplish them should be held accountable for the results.
7. Procedures are not as important as objectives. Procedures are only a means to an end. Those responsible for getting a job done should be allowed to alter the means if it will get a job done in a better way. This kind of attitude stimulates everyone's creativity and makes work much more satisfying.
8. Build flexibility into objectives. Circumstances change and on occasion the objectives must change with them.

B. Management by objectives is simply a system of applying planned goals to daily operations. It involves: (transparency)

1. The common goals for a given organizational unit are established by its manager in conjunction with his/her superior. A time span within which these goals are to be attained is set.
2. The manager then works out a set of objectives individually with each of his or her subordinates. These objectives are to govern their role behavior over the period.
3. All participants undertake the achievement of the planned goals.
4. Toward the end of the time period the actual performance of the individuals involved is measured against their individual goals. Accomplishments and variances are discussed between subordinate and superior.
5. The cycle is repeated for each ensuing time period.

C. Twenty common errors in goal-setting:

1. The manager does not clarify common objectives for the whole unit.
2. S/he sets goals too low to challenge the individual subordinate.
3. S/he does not use prior results as a basis for finding new combinations.
4. S/he does not shape the unit's objectives to fit those of the larger unit of which s/he is a part.
5. S/he overloads individuals with inappropriate or impossible goals.
6. S/he fails to give responsibilities to those in the most appropriate positions.
7. S/he allows two or more individuals to believe themselves responsible for doing the same things when s/he knows that having one person responsible is better.
8. S/he stresses methods of working rather than clarifying individual areas of responsibility.
9. S/he emphasizes that pleasing him/her is more important than achieving the objective.
10. S/he makes no policies as guides to action, but waits for results, then issues ad hoc judgments in correction.
11. S/he does not try to discover what the subordinate's program for goal achievement will be. S/he accepts every goal uncritically without a plan for successful achievement.
12. S/he is too reluctant to add his/her own needs or those of higher management to the program of subordinates.
13. S/he ignores the obstacles that the subordinates may face in achieving the established goals, including many emergency or routine duties that consume time.
14. S/he ignores the proposed goals or ideas of subordinates and imposes only those s/he deems suitable.
15. S/he does not think through or do what s/he must to help the subordinate succeed.
16. S/he fails to set intermediate target dates to measure the progress of subordinates.
17. S/he does not introduce new ideas from outside the organization, nor does s/he permit or encourage subordinates to do so, thereby decreasing chances for change.
18. S/he fails to permit an opportunity to be seized in lieu of stated objectives that are less important.
19. S/he is rigid in not changing goals that were previously agreed upon but that have subsequently proved unfeasible or irrelevant.
20. S/he does not reinforce successful behavior when goals are achieved or try to change unsuccessful behavior when goals are missed.

V. A few more points about planning:

A. Patterns of planning typically used by managers (which do you use?):

1. Satisficing--emphasizes status quo; obvious deficiencies are corrected, but customary way of doing things is preserved; survival is of major importance, growth and development are secondary or ignored.
2. Optimizing--stresses doing the best, getting the maximum results.

B. Characteristics of good planning:

1. Hard document--in written form, not only in planner's memory where daily problems can supersede plans.
2. Regular intervals--done on a regular basis rather than as sporadic responses to emergency situations.
3. Future improvement--emphasis is on looking ahead, not on trying to compensate for past mistakes in planning.
4. Rational--based on facts rather than emotions.
5. Systematic--well organized as to the who, what, where, when, why, and how involved. (transparency)

C. Benefits of planning:

1. Better coordination among departments.
2. More effective control of operations; planned objectives are the basis for measurement of effectiveness.
3. Easier delegation; plan identifies who can do what and standards for successful task accomplishment.
4. More economical use of resources; avoid waste of:

   a. Time--because of unavoidable delays.
   b. Materials--because of haste, spoilage, or unnecessary inventories.
   c. Machines--because they are not being operated to their best capacity.
   d. Space--because of overcrowding and poor coordination.
   e. Manpower--because employees are not optimally occupied.

D. Pitfalls to be avoided when planning:

1. Failure to anticipate change.
2. Unwillingness to take calculated risks.
3. Failure to establish priorities.
4. Failure to make plans known to those involved.
5. Failure to establish measurements at the time the plan is prepared.

VI. Evaluation of program effectiveness is a direct outgrowth of good planning and setting of objectives since evaluation is based on accomplishment of those objectives.

A. There are two forms in which evaluation data may be collected:

1. Personal observation by select person(s).
2. Reports, usually written.

B. Several approaches may also be used, depending upon the judgment of the evaluator:

1. Packaged approach--the organization is analyzed for violation of set standards such as those established by the Joint Commission on Accreditation of Hospitals or State Department of Health.

2. Informal approach--short, pertinent questions are asked to uncover possible areas for improvement; some examples of such questions:

    a. Are the stated objectives the proper ones to be sought by the enterprise?
    b. Are the main efforts being directed toward obtaining the stated objectives?
    c. Are the staff members completely qualified by training and experience to achieve these major goals?
    d. Is the overall organization pattern adequate? Are the various activities logically related and grouped for maximum effectiveness?
    e. Are all necessary activities being accomplished?

3. Comparison--the organization may be compared with other similar organizations, but great care must be taken to obtain sufficient information about the others so that comparisons are valid.
4. Ideal approach--the ideal organization is visualized and questions are asked as to how the present organization might improve so as to grow closer to the ideal.
5. Quantitative approach--various measurements are used such as number of employees per patients served, average length of stay, cost per patient, etc., and comparisons can be made with other similar organizations.

VII. Change is a part of any dynamic organization.

A. Change may be:

1. Imposed on the organization, as by government regulation.
2. Innovative--new processes, programs, or products utilized as a result of decisions made within the organization.

B. In health care facilities, organizational changes usually fit into one of two objectives:

1. Changes in the facility's level of adaptation to demands of its external environment, e.g., consumer demands, government regulations, medical and scientific advances, planning agencies, etc.
2. Changes in the internal behavior patterns of participants in terms of relationships to each other and to their jobs.

C. Individual responses to change depend upon:

1. The extent of the information s/he has received about the change.
2. The extent of participation s/he has had in making the decision for change and in actual implementation of the change.
3. The amount of trust s/he has in the initiator of the change.
4. Previous experiences with change.

D. Resistance to the change occurs because of:

   1. Economic causes--a fear of possible reduction in pay or unemployment, reduction of status, recognition, or satisfaction.
   2. Social causes--disruption of the work environment, fear of new social relationships.
   3. Psychological causes--fear of failing at the new task, loss of security, belief that criticism of previous methods is implied in the change.

VIII. Tips on implementing change:

A. Make certain that employees understand the situation that makes a change necessary. If they can perceive its necessity, they are more likely to make an effort to adjust.
B. Disturb as little as possible the existing customs and informal relationships.
C. Provide information about the change in advance. Such information can include the reasons necessitating the change, its nature, timing, and impact upon the organization and the people in it.
D. Encourage employee participation in the implementation (as well as the formation) of changes.
E. Provide for means of releasing tensions resulting from the introduction of change. Let employees ask questions and air complaints.
F. Follow-up and evaluate the change. This provides feedback which can lead to corrections where necessary or can strengthen the conviction that the change was wise--or it can create the recognition that further change is necessary.

IX. John D. Porterfield, III, Director of the Joint Commission on Accreditation of Hospitals, in 1974 suggested that the health care system was "at a crossroads in time and place. Where we go from here. . .will make the difference in finding reasonable solutions to health care problems." The major challenges facing health care administrators in the 1980s have been identified as:

A. Consumerism. Health care is becoming regarded as a right rather than a privilege and consumers are demanding major decision-making roles in the health care system.
B. Institutionalization. There is a growing movement toward reorganization and rationalization of the health care delivery system through some type of nationalized health care corporation. Further health service self-help groups such as Synanon, Alcoholics Anonymous, etc., are providing alternatives to the traditional institutional mechanisms.
C. Cost Effectiveness. Soaring costs and the question of total resource allocation will continue to be an issue affecting all health care managers.
D. Quality Control. The need for quality control so as to reduce needless suffering and death is obvious; what is not clear and what is going to be an issue in the years ahead is how to ensure quality. Licensure, accreditation, peer review, and the threat of malpractice have only been effective to a degree, and no real solution has yet been found.

X. Among other technological advances in the health care field, the use of the computer has perhaps had the greatest impact since it can be applied to so many areas.

A. Some examples:

1. Business services:

   a. Processing charges to patients with speed and efficiency.
   b. Supply inventory records, reorders, and payment.
   c. Payroll.
   d. Cost analysis and budget control.

2. Nursing service:

   a. Physicians orders.
   b. Nursing reports for patient charts.

3. Food service:

   a. Special diets.
   b. Costs.
   c. Employee scheduling.

4. Maintenance and housekeeping:

   a. Staffing demands.
   b. Cost analysis.
   c. Preventive monitoring.

5. Admission scheduling.
6. Medical records.

B. Classifications of computer systems:

1. Large-scale computer systems--usually incorporate smaller peripheral systems for use in data preparation for input and in the printing of data output to conserve very fast computing capabilities; rent for over $20,000 per month.
2. Medium-range computer systems--includes most of the more widely used systems; rent for $5,000 to $20,000 per month and still have quite fast computational speed.
3. Small-sized computer systems--often of a punched-card orientation; rent for $1,000 to $5,000 per month.
4. Desk-sized computer systems--include some of the more sophisticated accounting equipment; rent is usually in the $300 to $1,500 monthly range.
5. Minicomputers--may serve as a terminal device or data concentrators which process some types of data but which can also serve to feed data to large-scale systems; usually not available for rental, purchase price is less than $25,000.

C. Before purchasing or using a computer or other "technological advance" a feasibility study should be conducted asking questions such as:

1. What are the overall objectives of the organization?
2. How can these objectives be achieved?
3. What is the volume of work?
4. What are these procedures carried out; what is their purpose?
5. Who carries them out? How is the company organized; what is the pattern of responsibility? How are people being used? Are highly-qualified people doing jobs unworthy of their calibre?
6. What is the relationship between one procedure and another? How does the work of each section or department impinge upon that of the others?
7. What data is collected and processed during these procedures?
8. What percentage of error occurs?
9. What is the time-scale, e.g., how long a period elapses between receiving an order and fulfilling it?
10. What is the cost of each procedure?
11. What kind of management information is yielded by existing procedures? Is this as much as is needed? Is the format suitable?
12. How will this new equipment solve existing problems? Will it create new ones?

HEALTH CARE ADMINISTRATORS
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TRANSPARENCY MASTER #1

Theory X: The Traditional View of Direction and Control

Assumptions:

1. The average human being has an inherent dislike of work and will avoid it if he can.
2. Because of this human characteristic of dislike of work, most people must be coerced, controlled, directed, threatened with punishment to get them to put forth adequate effort toward the achievement of organizational objectives.
3. The average human being prefers to be directed, wishes to avoid responsibility, has relatively little ambition, wants security above all.

Theory Y: A New Theory of Direction and Control

Assumptions:

1. The expenditure of physical and mental effort in work is as natural as play or rest.
2. External control and the threat of punishment are not the only means for bringing about effort toward organizational objectives. Man will exercise self-direction and self-control in the service of objectives to which he is committed.
3. Commitment to objectives is a function of the rewards associated with their achievement.
4. The average human being learns, under proper conditions, not only to accept, but to seek responsibility.
5. The capacity to exercise a relatively high degree of imagination, ingenuity, and creativity in the solution of organizational problems is widely, not narrowly, distributed in the population.
6. Under the conditions of modern industrial life, the intellectual potentialities of the average human being are only partially utilized.

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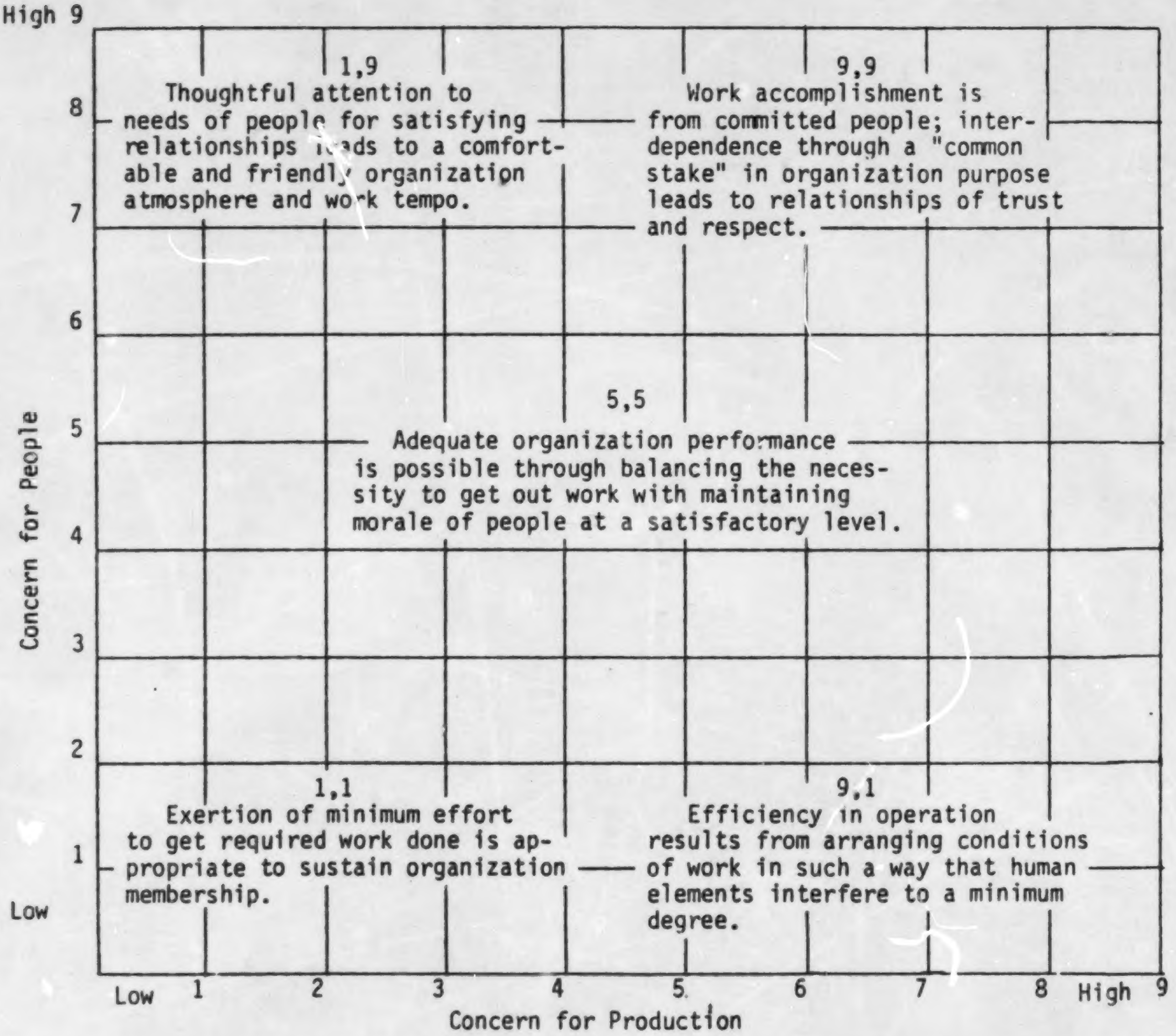
*Douglas McGregor, The Human Side of Enterprise (New York: McGraw-Hill, 1960) pp. 33-34 and 47-48.

HEALTH CARE ADMINISTRATORS
RX FOR THE 80'S
UNIT V

TRANSPARENCY MASTER #2



1,9 Thoughtful attention to needs of people for satisfying relationships leads to a comfortable and friendly organization atmosphere and work tempo.

9,9 Work accomplishment is from committed people; interdependence through a "common stake" in organization purpose leads to relationships of trust and respect.

5,5 Adequate organization performance is possible through balancing the necessity to get out work with maintaining morale of people at a satisfactory level.

1,1 Exertion of minimum effort to get required work done is appropriate to sustain organization membership.

9,1 Efficiency in operation results from arranging conditions of work in such a way that human elements interfere to a minimum degree.

FIGURE 8-1. The Managerial Grid*

*The Managerial Grid figure from The Managerial Grid, by Robert R. Blake and Jane Srygley Mouton. Houston: Gulf Publishing Company, Copyright 1964, p. 10. Reproduced with permission.
in Paul Preston, Management for Supervisors. Englewood Cliffs: Prentice-Hall, 1978.

HEALTH CARE ADMINISTRATORS
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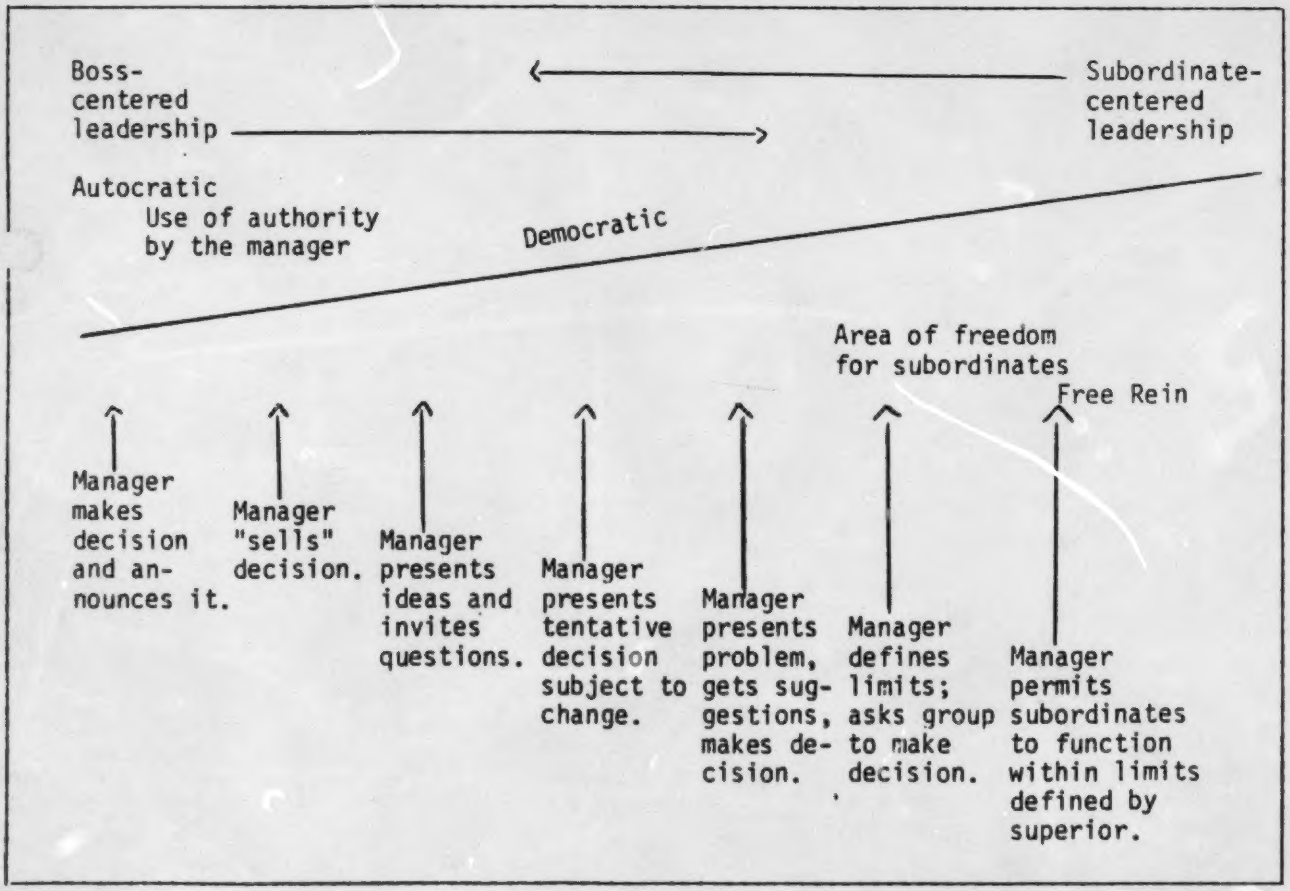
TRANSPARENCY MASTER #3



Boss-centered leadership →

← Subordinate-centered leadership

Autocratic

Use of authority by the manager

Democratic

Area of freedom for subordinates

Free Rein

Manager makes decision and announces it.

Manager "sells" decision.

Manager presents ideas and invites questions.

Manager presents tentative decision subject to change.

Manager presents problem, gets suggestions, makes decision.

Manager defines limits; asks group to make decision.

Manager permits subordinates to function within limits defined by superior.

adapted from Robert Tannenbaum and Warren H. Schmidt, "How to Choose a Leadership Pattern," Harvard Business Review, Vol. XXXIV (March-April, 1958), p. 96.

in Henry L. Sisk, Management and Organization. 2nd ed. (Cincinnati: South-Western, 1973), p. 500.

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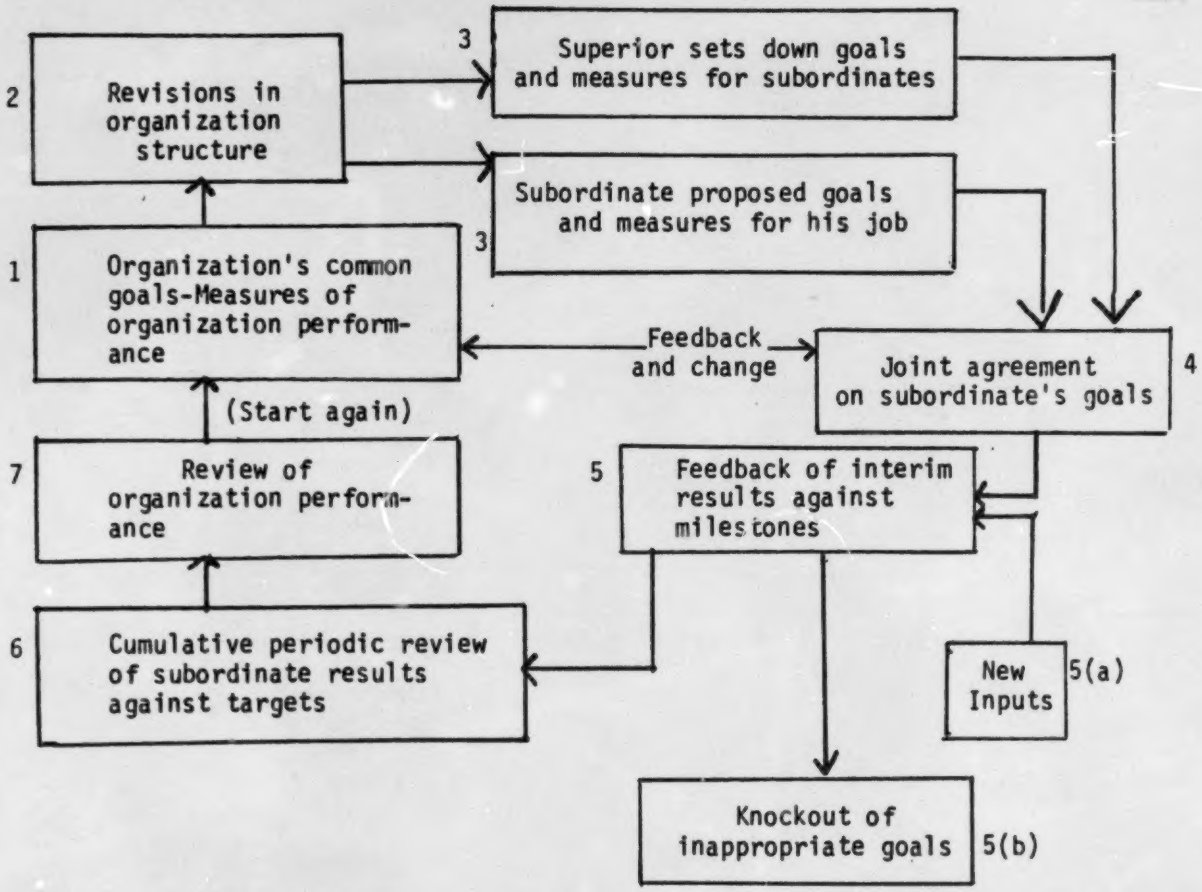
TRANSPARENCY MASTER #4

THE CYCLE OF MANAGEMENT BY OBJECTIVES


1
Organization's common goals-Measures of organization performance
2
Revisions in organization structure
3
Superior sets down goals and measures for subordinates
3
Subordinate proposed goals and measures for his job
4
Joint agreement on subordinate's goals
Feedback and change
5
Feedback of interim results against milestones
5(a)
New Inputs
5(b)
Knockout of inappropriate goals
6
Cumulative periodic review of subordinate results against targets
7
Review of organization performance
(Start again)

adapted from the book, Management by Objectives, by George Odiorne, copyright, 1965 by Pitman Publishing Corporation. Reprinted by permission of Pitman Publishing Corporation.

in Longest, Beaufort B., Jr. Management Practices for the Health Professional. Reston: Reston Pub. Co., 1976.

HEALTH CARE ADMINISTRATORS
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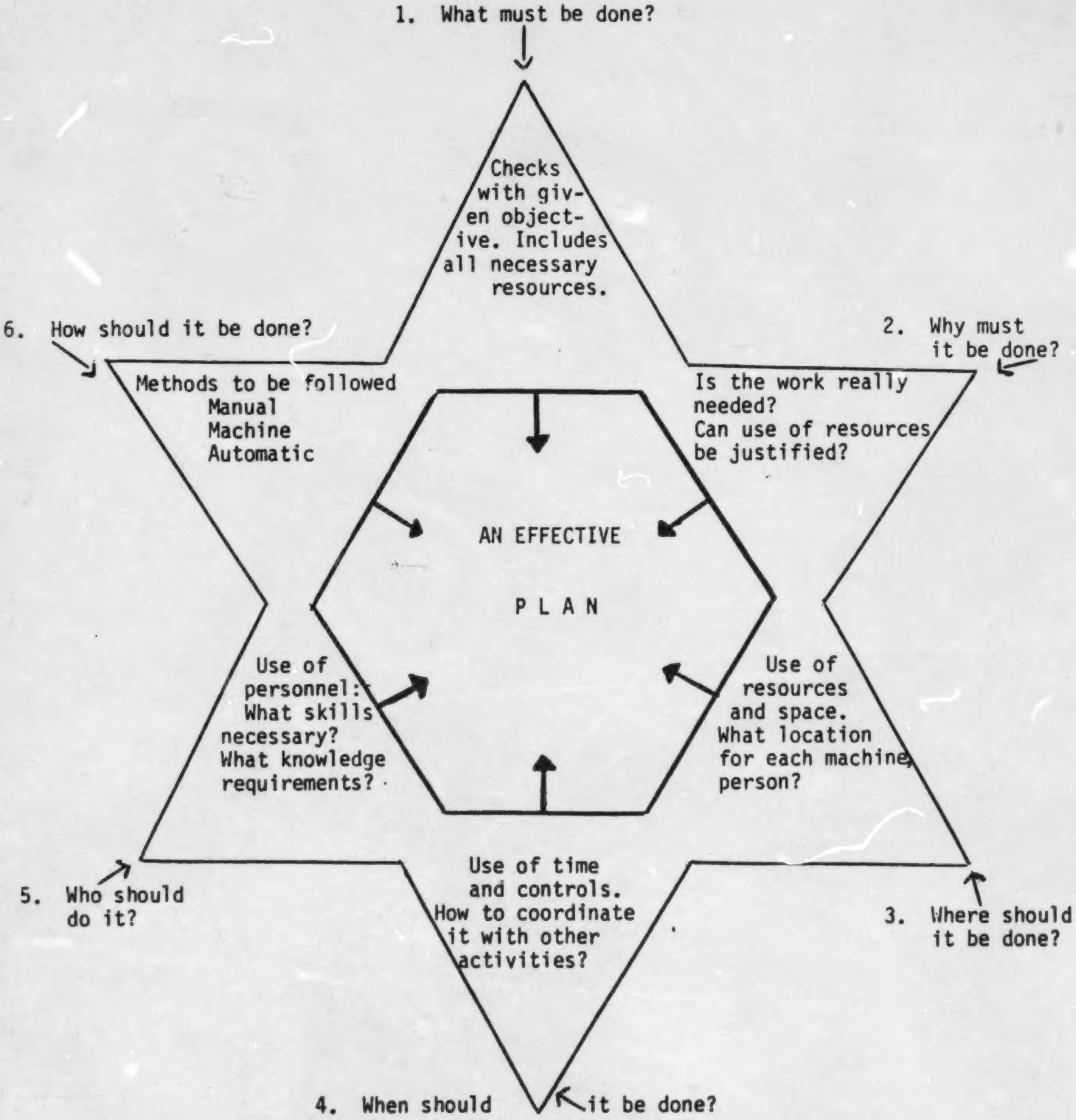
TRANSPARENCY MASTER #5



1. What must be done?

Checks with given objective. Includes all necessary resources.

2. Why must it be done?

Is the work really needed?
Can use of resources be justified?

3. Where should it be done?

Use of resources and space. What location for each machine, person?

4. When should it be done?

Use of time and controls. How to coordinate it with other activities?

5. Who should do it?

Use of personnel: What skills necessary? What knowledge requirements?

6. How should it be done?

Methods to be followed
Manual
Machine
Automatic

AN EFFECTIVE PLAN

Source: George R. Terry, Supervision. Rev. ed. Homewood: Richard D. Irwin, Inc., 1978, p. 151.

HEALTH CARE ADMINISTRATORS
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UNIT V

ASSIGNMENT SHEET #1

"ASSUMPTIONS ABOUT PEOPLE: PERSONAL ANALYSIS OF MANAGEMENT STYLES"*

Directions: This instrument is designed to help you better understand the assumptions you make about people and human nature. There are ten pairs of statements. Assign a weight from 0-10 to each statement to show the relative strength of your belief in the statements in each pair. The points assigned for each pair must in each case total ten. Be as honest with yourself as you can and resist the natural tendency to respond as you would "like to think things are." This instrument is not a "test." There are no right or wrong answers. It is designed to be a stimulus for personal reflection and discussion.

1. It's only human nature for people to do as little work as they can get away with. ______(a)

   When people avoid work, it's usually because their work has been deprived of its meaning. ______(b)
   10

2. If employees have access to any information they want, they tend to have better attitudes and behave more responsibly. ______(c)

   If employees have access to more information than they need to do their immediate tasks, they will usually misuse it. ______(d)
   10

3. One problem in asking for the ideas of employees is that their perspective is too limited for their suggestions to be of much practical value. ______(e)

   Asking employees for their ideas broadens their perspective and results in the development of useful suggestions. ______(f)
   10

4. If people don't use much imagination and ingenuity on the job, it's probably because relatively few people have much of either. ______(g)

   Most people are imaginative and creative but may not show it because of limitations imposed by supervision and the job. ______(h)
   10

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*Adapted from M. Scott Myers, "Every Employee a Manager" (New York: McGraw-Hill Book Company, 1970).

David A. Kolb, Irwin M. Rubin, and James M. McIntyre, "Organizational Psychology: An Experimental Approach," 2nd ed., (C) 1974. Reprinted by permission of Prentice-Hall, Inc., Englewood Cliffs, New Jersey, pgs. 241-246.

in Mainsprings of Motivation. Control Data Education Co., Minneapolis, 1975.

5. People tend to raise their standards if they are accountable for their own behavior and for correcting their own mistakes. ______(i)

People tend to lower their standards if they are not punished for their misbehavior and mistakes. ______(j)

10

6. It's better to give people both good and bad news because most employees want the whole story, no matter how painful. ______(k)

It's better to withhold unfavorable news about business because most employees really want to hear only the good news. ______(l)

10

7. Because a supervisor is entitled to more respect than those below him in the organization, it weakens his prestige to admit that a subordinate was right and he was wrong. ______(m)

Because people at all levels are entitled to equal respect, a supervisor's prestige is increased when he supports this principle by admitting that a subordinate was right and he was wrong. ______(n)

10

8. If you give people enough money, they are less likely to be concerned with such intangibles as responsibility and recognition. ______(o)

If you give people interesting and challenging work, they are less likely to complain about such things as pay and supplemental benefits. ______(p)

10

9. If people are allowed to set their own goals and standards of performance, they tend to set them higher than the boss would. ______(q)

If people are allowed to set their own goals and standards of performance, they tend to set them lower that the boss would. ______(r)

10

10. The more knowledge and freedom a person has regarding his job, the more controls are needed to keep him in line. ______(s)

The more knowledge and freedom a person has regarding his job, the fewer controls are needed to insure satisfactory job performance. ______(t)

10

Theory X Score = Sum of (a), (d), (e), (g), (j), (l), (m), (o), (r), and (s).

Theory Y Score = Sum of (b), (c), (f), (h), (i), (k), (n), (p), (q), and (t).

X ____________

Y ____________

HEALTH CARE ADMINISTRATORS
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ASSIGNMENT SHEET #2

MANAGEMENT CASE STUDIES

Read each of the two incidents below. How are objectives being met? What planning will be necessary? What implications will each situation have for program effectiveness?

1. UNEXPECTED SURPLUS

Your hospital's annual budget is approximately $30 million and after ten months, the year-to-date figures show that there is an excess of $1.5 in revenue. The major reason for this is that virtually all the services, including in-patient days, are quite a bit above what was predicated at the beginning of the year when the revenue and expense budgets were estimated. As a result, department heads are requesting significant increases in personnel to handle the increased workload for the following year; overtime increases in personnel to handle the increased workload for the following year; overtime costs come to $500,000. It is difficult to say whether or not this increased level of activity will continue in all departments, and there is some hesitation on the part of administration to approve the increase in personnel budget for the following year for all the requesting departments.

2. THE DEFICIT THAT SNUCK UP

Donald Smith, a self-trained controller in a 100 bed hospital requested an emergency meeting with his administrator, Mr. Miller. At the beginning of their conversation, the first words out of Mr. Smith's mouth were, "Don't get excited boss, but a deficit just snuck up on us. I learned by chance (I was just playing with some numbers from the files with my new calculator) that our occupancy rate last month was 79 percent, so I checked the figures for the last six months and found that the occupancy rate has been declining two percentage points each month from our level of 91 percent. Boss, even if we stabilize it, we will have a substantial deficit this year."

Source: Rakich, Jonathon S. Managing Health Care Organizations. Philadelphia: W. B. Saunders Co., 1977.

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ASSIGNMENT SHEET #3

ACTION EXERCISE FOR DEALING WITH CHANGE AND PERSONAL OBSOLESCENCE

Checking your DWQ[1]

Self-tests can be useful indicators of areas in your personal activities or in your professional behavior that might indicate potential difficulties. This test is designed to indicate some signals of getting into "deep water." Answer the following questions as they apply to you, score yourself, and use the table below the test as an indicator.

1. I am disorganized. I jump, often without warning, from one job to another. I begin jobs in the middle and often have more than two jobs going on in my head at the same time.
   This describes me:
   1. perfectly___ 2. usually___ 3. occasionally___ 4. seldom___
   5. never___

2. I have a good imagination. I am able to think creatively, and I enjoy stretching my mind to its limits and considering broad horizons.
   This describes me:
   1. perfectly___ 2. usually___ 3. occasionally___ 4. seldom___
   5. never___

3. I fly into rages. I fail to control my emotions. I insult my subordinates and intimidate my superiors.
   This describes me:
   1. perfectly___ 2. usually___ 3. occasionally___ 4. seldom___
   5. never___

4. I have a good appreciation of the value of team spirit. I encourage my people to take charge, and accept criticism well. Helpers or suggestions don't threaten me.
   This describes me:
   1. perfectly___ 2. usually___ 3. occasionally___ 4. seldom___
   5. never___

5. I pass the blame for mistakes or the authority for decisions to other people. I either can't (or won't) accept the responsibility for the actions of others in my department, and I try to avoid even a casual involvement in things that might be potential problems.
   This describes me:
   1. perfectly___ 2. usually___ 3. occasionally___ 4. seldom___
   5. never___

---

[1] Deep Water Quotient

6. I have a good understanding of people. I have the ability to listen to others and to learn from them, whether superiors or subordinates. I can be sympathetic and enjoy being helpful to others.
   This describes me:
   1. perfectly___ 2. usually___ 3. occasionally___ 4. seldom___
   5. never___

7. I resent change and take whatever steps are necessary to resist changes in my responsibilities or in my work assignments or methods. The past to me has great security.
   This describes me:
   1. perfectly___ 2. usually___ 3. occasionally___ 4. seldom___
   5. never___

8. I am not defensive. I can overlook personal attacks and don't regard every insult or off-hand remark as a personal challenge.
   This describes me:
   1. perfectly___ 2. usually___ 3. occasionally___ 4. seldom___
   5. never___

9. I have personal problems. I drink to excess and this can lead to "family problems." I come up with "secret" problems which I don't tell anyone about.
   This describes me:
   1. perfectly___ 2. usually___ 3. occasionally___ 4. seldom___
   5. never___

10. I have "made it." I have confidence in the organization and its ability to "carry me" from now on.
    This describes me:
    1. perfectly___ 2. usually___ 3. occasionally___ 4. seldom___
    5. never___

11. I am flexible. I am willing to look at some other positions and change when I'm reasonably convinced the new approach is better. I can compromise with my boss or my employees.
    This describes me:
    1. perfectly___ 2. usually___ 3. occasionally___ 4. seldom___
    5. never___

12. I don't like risk and won't take any risk unless forced. Competition is unnecessary and not worth the risk or the potential cost.
    This describes me:
    1. perfectly___ 2. usually___ 3. occasionally___ 4. seldom___
    5. never___

Score Yourself for Your DWQ

A. Count the total points (1 through 5) for the odd-numbered items. Next, count the total points for the even-numbered items.
B. Subtract your total score on the odd-numbered items from 30, and add the result to your even-numbered score total.
C. The result is your DWQ.

What Your Score Means

6-10 points	No deep water problem. You're walking on water.
11-20 points	Feet wet. You're in good shape.
21-32 points	Hip deep. You might have some areas where you can some rethinking.
33-43 points	Treading water, but your head is still above water. Several signals should warrant your attention. Use high even-numbered scores and low odd-numbered scores to indicate potential trouble spots.
44-54 points	You're over your head and in real trouble. Take corrective action immediately.

Naturally, this test of your DWQ is not foolproof. It was designed to give you a way of doing some self-analysis, and pinpointing areas in your behavior (on the job as well as off) where you could be getting yourself into trouble. If you have several items where your score is negative, you should take some corrective action immediately. To put off doing so is to invite later problems when changing conditions and changing demands by the organization require your best efforts.

Source: Preston, Paul. Management for Supervisors. Englewood Cliffs: Prentice-Hall, 1978.

HC-V-25

HEALTH CARE ADMINISTRATORS
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UNIT V

REVIEW SHEET

Check what you have learned about management theory, objectives and planning, program evaluation, change, and technological advances, by completing the review sheet below. Then check your answers with the information sheet materials. If you get all ten items right, you're doing a terrific job! If you get eight right, that's good; six right is fair, and four or less right means you need some review on the principles.

1. Match the following terms and their definitions:

______	A. Change	1.	A group of machines whose capabilities include the ability to read in information automatically, to process this according to a program of instructions which it holds in a memory, and to communicate the results of its work automatically to the outside world.
______	B. Computer	2.	Consumable supplies for programming and other human effort which makes the machinery operate as required.
______	C. Hardware	3.	Deciding in advance what is to be done; charting a course of action for the future.
______	D. Management	4.	Getting work done through the efforts of others.
______	E. Planning	5.	The computer machinery itself.
______	F. Software	6.	The generation, acceptance, and implementation of new ideas, processes, products, and services.

2. Compare and contrast the management theories of McGregor, the managerial grid, and the leadership continuum.

3. Discuss the five essential management functions.

a.

b.

c.

d.

e.

4. List seven principles of establishing objectives, the five steps in the management by objectives process, and ten common errors in setting goals.

principles:

a.

b.

c.

d.

e.

f.

g.

management by objectives:

a.

b.

c.

d.

e.

errors:

a.

b.

c.

d.

e.

f.

g.

h.

i.

j.

5. List two patterns of planning typically used by managers, five characteristics of good planning, four benefits of planning, and five pitfalls to be avoided when planning.

patterns:

a.

b.

characteristics:

a.

b.

c.

d.

e.

benefits:

a.

b.

c.

d.

pitfalls:

a.

b.

c.

d.

e.

6. Discuss program evaluation, specifically two forms in which data may be collected and five approaches to evaluation.

forms:

a.

b.

approaches:

a.

b.

c.

d.

e.

7. Discuss change, specifically two ways in which change comes about, two objectives of change, three factors affecting individual response to change, and three reasons for resistance to change.

ways:

a.

b.

objectives:

a.

b.

response:

a.

b.

c.

resistance:

a.

b.

c.

8. List six tips for implementing change.

a.

b.

c.

d.

e.

f.

9. Discuss the four major challenges facing health care administrators in the 1980's.

a.

b.

c.

d.

10. List four areas in which computers could be used in health care, five classifications of computer systems, and seven points to consider in evaluating the feasibility of adopting a computer or other "technological advance."

areas:

a.

b.

c.

d.

classifications:

a.

b.

c.

d.

e.

evaluating:

a.

b.

c.

d.

e.

f.

g.

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